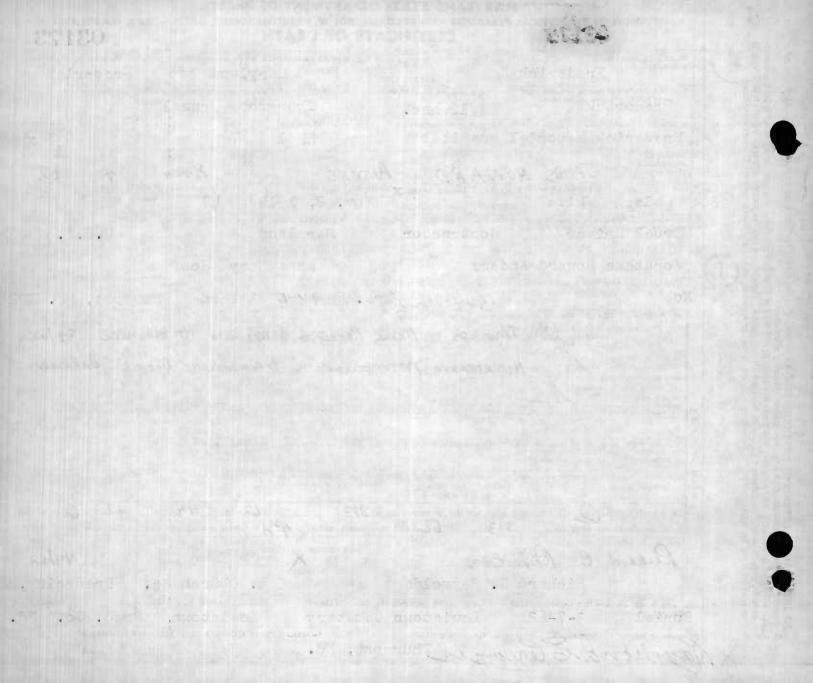
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (II outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Thurmont runal e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital RD 1 YES NO 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months ma le Nov. WIDO WED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Contractor Maryland U.B.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonathan Howard Anders Anna Mary Roof 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) Mrs. MARY F Willard Thurmont, Id. RD2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH THROMBOSK OF MIDDLE CEREBRAL ARTERY WITH RT. HEMIPARESIS IMMEDIATE CAUSE (e) DUE TO 10) HYPERTENSIVE ARTERIOSCLEROTIC CARMOVASCULAR OGEAGE gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, Jarm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While White Hour a.m. at work | et work (this hospital) attended the deceased from 3/3 1962 to 3/4 1962 that (0) (we) last 220. SIGNATURE ATTENDING STAFF SIGNED Keynolas DIRECTOR Cunara 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds Church St. Frederick. Mc 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL CREMATION. D T Lewistowh Cemeterv Lewistown Fred. Co. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 Thurmont. 8 '62 Tereanin Orthur S. Thank



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

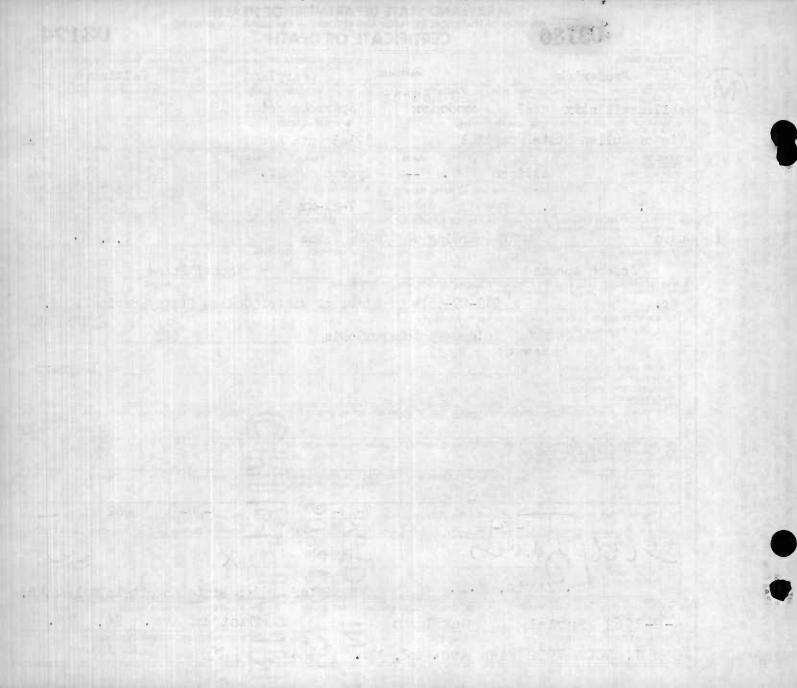
03174

1. PLACE OF DEATH a. COUNTY Fred	erick		MARY	3	USUAL RESIDER O. STATE	NCE (Where		lived. If institu b. COUNT	Y	timo		sian)
b. CITY OR TOWN (If a RURAL and give near Sabillasvill	rest town)		C. LENGTH OF STAY	ng.	c. CITY OR TO				RURAL and	give nec	rest town	۱)
d. NAME OF HOSPITAL OR INSTITUTION Victor Cull	. (If nat in haspital, a	ive street a	ddress)		d. STREET ADD	PRESS						IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Alli		Middle M	Ay	Lost coth	Sr.	OF DEATH		anth 3	Do 20	*	Year 1962
5. SEX	6. COLOR OR RACE	7. MARRII	DIVORCE	_	7-21-69	03	5	P. AGE (In year last birthday) 58 yr	Manths		IF UNDE Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of workin Guard 13. FATHER'S NAME	g life, even if relired)	arding Ag	ency	Texas			untry)			A.	OUNTRY?
	h Aycoth	1674	7.7.2				Raci	hel Boo				
1S. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s	ervice)	OCIAL SECURITY NO. 3-07-5519		es of V	ictor	Cull		e Hos	pita.	1, Mc	1.
PART I. DEATH Canditians, if any gave rise ta imi cause (a), stating th lying cause last.	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO which mediate e under-	Pul	e for (0), (b), and (c). monary tub		osis			00	2	ONS	ERVAL BE	DEATH
PART II. OTHE		DITIONS CO	ONTRIBUTING TO DEA						IVEN IN PA	RT 1(a) 1	PERFO	AUTOPSY PRMED?
	UNDERLYING []] CAUSE OF DEATH [EDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY OF	CCURRED. (E	nter nature af i	njury in Pa	rt I ar Part	Il af item 18.)				
ZOc. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	JURY OCCURRED Not while at work	20e. PLACE factory	OF INJURY (Ha , street, affice b	ime, farm, oldg., etc.)	20f. (City	ar tawn)		(Caunty)		(State)
21. I certify that saw the decease		1 attende 29-62	ed the deceased	fram. 7-	22 <u>-</u> 60 h accurred		2 , ta M, fram t		, 19. and an th			
22a. SIGN TURE	1/2a	vik)	M.D.	ATTENDING PHYS.		CTOR X	STAFF PHYS.			3-29-	SIGNED
22c. PHYSICIAN'S NAME (Type)	br. Zav:	ls, M	I.D.		Victor		len S	tate Ho	spita	1; C	ullei	n Md.
23a. BURIAL, CREMATION REMOVAL (Specify) 4-2-1962	Burial)F	23c. NAME OF CEME Oak Law1		REMATORY			ION (City, town	Θ.,	24.	(Stat	
24. FUNERAL DIRECTOR'S		WAGO	ADDRESS	MA.	60.00	5a. REC'D	BY REGISTE	RAR 2Sb. REC	GISTRAR'S	SIGNATU &	RE	

may be ined b haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. deoth. Page 4 DING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/59



03181

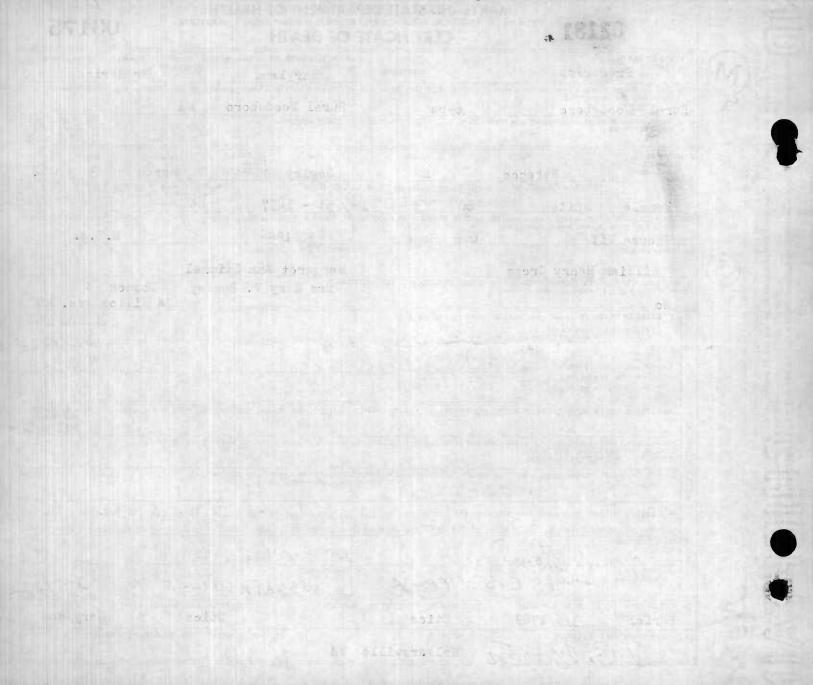
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03175

1. PLACE OF DEATH	ederick		MARYLAND	2. USU , o. \$1			d lived. If institution b. COUNTY	on: Residenc		
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16		ITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	ive neares	st town)
Rural Woo	odsboro		6yrs	XR	ural Woo	dsboro	Md			
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, i	give stree	t oddress)	d. S	TREET ADDRESS					IS RESIDENCE ON A FARM? 'ES NO X
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon		Day	Yeor
(Type or print)	Rebe	333	L		Bagley	DEATH	Wr CT		3	1962
5. SEX	6. COLOR OR RACE	7. MAF	RRIED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
Female	White	WIDOV	VED DIVORCED	May	5th- 18'	77	84 yrs.	William	Doys H	min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b	. KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
House V			Own Home		Maryla	nd		U	.S.A	•
13. FATHER'S NAME				14. MC	OTHER'S MAIDEN	NAME			-6-37	
	m Henry Cre		To both Lat		argaret		immel			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI		S. SOCIAL SECURITY NO. 17.	INFORMAN	Mrs Mar	y V. Be	agley Add	Towson	1 4	
No				COOK,			24	Wille	W AY	e. MD
1B. CAUSE OF DE	ATH [Enter only one of	ouse per	line for (o), (b), and (c).]						INTERV	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	, Ce	rebal la	22. 12.	usl.				4/s	AND DEATH
11	DUE TO		interior les	2001	0				10	- Landy
Conditions, if	ony which)	0	interior los.	1	CVN				5	dans
gave rise to	immediate ()		740						(1
lying couse lost	The under-									
, ,		nditions	CONTRIBUTING TO DEATH BU	JT NOT REL	ATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	RED. (Enter	noture of injury in	n Port 1 or Por	t II of item 1B.)			
20c. TIME OF INJU Hour o. m.	10	ear 20d. While of we	e Not while f		NJURY (Home, for et, office bldg., e		or town)	(C	ounty)	(Stote)
21. I certify th	at (I) (this haspita	l) atten	ided the deceased fram	1.7	1241/2 1	967-ta	3 Marce	19.6	2-that	(I) (we) last
saw the dece	ased alive an 3	Me	19 per, and that	death a	ccurred at	M, fram	the causes ar	d on the	date st	tated above.
220. SIGNATURE	1 11	0							=110	22b. DATE SIGNED
Xu	uns Nov	insi	\sim	M.D. PH	TENDING YS.	MED. DIRECTOR	STAFF PHYS.			
22c. PHYŠICIAN'S NAME (Type)	JAMES	E.	STONER, JR	220	I. ADDRESS WAL	KERS	UILLE	Ma	3	1/5/62
23a. BURIAL, CREMATI REMOVAL (Specif BURIAL			23c. NAME OF CEMETERY Utica	OR CREMA	TORY		TION (City, town, Utica	or county)	Mar	(Stote) yland
24. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS		25a. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SIC	NATURE	
9:1	3. 1 Day	Tone	Walkersvil	le M	d DATE	7 162		4 5		

may be TO FUNERAL TO HOSPI VR A15 (4) 15M 9/59

page 3 shauld be detached far use as the buriol-transit permit. Then pleas the State Board of Health prior to burial, crematian, ar remaval, and in any

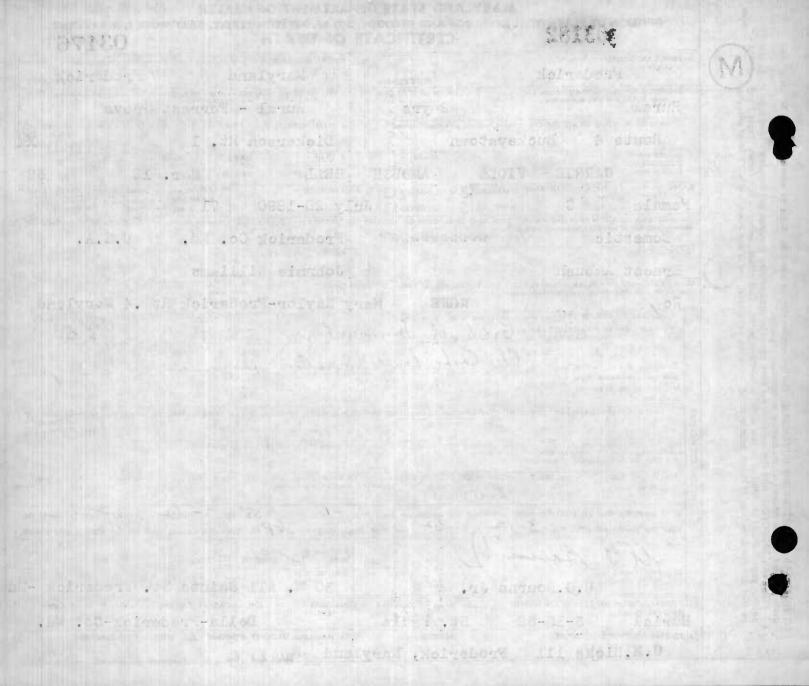


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH 03176

. PLACE OF DEATH								
Frederick MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Research as STATE Maryland b. COUNTY Free							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Rural - Forrest Grove							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
Route 4 Buckeystown	Dickerson Rt. 1	YES NO						
. NAME OF First Middle DECEASED (Type or print) CARRTE: VTOT. AMBUSI	OF _	Day Year						
Omittee Viole mood		19 62						
Female C widowed Divorced	B. DATE OF BIRTH July 20–1890 9. AGE (In years of UNDER 1 YE Months De Visit Prince of United Prince of Un							
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY						
bone during most of working life, even if retired) Dome stic	Frederick Co. Md. U.S	5.A.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Ernest Ambush	Johnnie Williams							
	INFORMANT Addrass							
(as, no, or unkown) (If yas giva war or dates of service)		former and						
	Mary Naylor-Frederick Rt .4 1							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	P	INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (a) Overlevell Vammer Lige								
THE DUE TO MINING	3/ 2							
Conditions, if any, which \ (b) We will ferral	Vancular Herecon	3 G/1						
gave rise to immediate cause								
(e), steting the underlying cause last. (c)								
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury In Part I or Part II of itam 18.)	110 [] 110 []						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, ! 20f. (City or town) (County							
Hour e.m. p.m. 19 While Not While et work at work	actory, street, office bldg., etc.)	(Stete)						
at a seattle star (1) (at a territor) and at the decree of the	actory, street, office bldg., etc.)	that (I) (we) las						
21. I certify that (I) (this hospitel) attended the deceased from	et deeth occured at P.M., from the causes and on the	, that (I) (we) las						
21. I certify that (I) (this hospitel) attended the deceased from saw the deceased elive on	et deeth occured at P.M. from the causes and on the	that (I) (we) last dete stated above 22b. DATE SIGNET						
Hour e.m. p.m. 19 While Not While at work at work 19 21. I certify that (I) (this hospitel) attended the deceased from saw the deceased elive on 1962, and the 22a. SIGNATURE 22c. PHYSICIANS 22c. PHYSICIANS	et deeth occured at P.M. from the causes and on the ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS 30 W. All Saints St. Fr	that (I) (we) last determined above 22b. DATE SIGNED ederick - (State)						
21. I certify that (I) (this hospitel) attended the deceased from saw the deceased elive on	et deeth occured at P.M. from the causes and on the ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS 30 W. All Saints St. From the CREMATORY 23d. LOCATION (City, town or county)	that (I) (we) la dete stated above 22b. DATE SIGNE ederick - (State) -Co. Md.						



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	funeral	plnods	(1
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	filled in	Pages 1	urs after	
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physicial	ned by	sif perm	on, or re	
ending	been sig	irial-tran	cremati	
al or att	afe has	is the bu	o burial,	
by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral	thed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
by th	ter thi	peq !	Health	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03177

1. PLACE OF DEAT	Н		2. USUAL RESIDEN	NCE (Where deceased lived, If it	nstitution: Residence before edmission
-	iek	MARYLAND	o. STATE Mary	land b. COUNT	Frederick
b. CITY OR TOWN	(if outside corporete limit	s, c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerest lown)
Frederick	d give neerest town)	Since 3/25/6	2 X Moun	t Airy-Rural RD	#1
d. NAME OF HOSP	ITAL OR INSTITUTION (in	f not in hospitel, give street eddress)			e. IS RESIDENCE
Frederick	b. COUNTY Frederick b. CITY OR TOWN (if outside corporate limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. CITY OR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limits, write RURAL and give present limits. b. COLOR TOWN (if outside corporate limit	YES X NO			
3. NAME OF	First	Middle	Lest		Dey Yeer
	STATE Maryland **COUNTY Freder: **CHY OF TOWN! (if outside corporate limit. with RURAL and give merest dury) **Treederick **CHY OF TOWN! (if outside corporate limit. with RURAL and give merest dury) **Treederick **CHY OF TOWN! (if outside corporate limit. with RURAL and give merest dury) **Treederick **CHY OF TOWN! (if outside corporate limit. with RURAL and give merest dury) **Treederick **CHY OF TOWN! (if outside corporate limit. with RURAL and give merest dury) **Treederick **Memorial Hospital	rch 28, 19 62			
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	
Female	White	WIDOWED DIVORCED	13 Jan 1901	ol yrs.	Months Days Hours Min.
Oe. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Cou	enty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
		At Home	Urbana,	Maryland	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Harry W.	Strube		Louise H	inkle	
			INFORMANT	Address	
	If yes give wer or detes of se	219-14-8136 H	arry I. Bell,	Jr. (Same as	item #2)
18. CAUSE OF	DEATH [Enter only one	couse per line for a) /(b), end (c).]			INTERVAL BETWEEN
PART I. DEA		Premi	er:		ONSET AND DEATH
10	2 > 1	11/1			
Conditions, if en		Redicar	intellases		Books?
geve rise to immed	diete ceuse	1	1		
	underlying				MALE SALES
		TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHI					YES NO K
200. ACCIDENT V	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in	n Pert t or Part tl of item 18.)	1.0 [] (6)
OR CONTRIBUTING	CAUSE OF DEATH				
	1	er 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fe-	rm, ' 20f. (City or town)	(County) (State)
0		WhileNot While			
			the Hear	1/02 2876	2 67
				CD.	7, 19.2., that (I) (we) la
	sed alive on	3 / 19.6 and th	nat death occured at.	M, from the causes	and on the date stated abov 22b. DATE
22e. SIGNATURE	12.0.51	March 1	ATTENDING		29 March 1962
DINESCO AND	4091111 1/1	Hughler	111121	DIRECTOR PHYS.	27 March 1702
		Hughes, M. D.		mah St Freder	rick Md.
REMOVAL (Specify	4				
Burial	3-31-05	Meadow Bran			
24 FUNERAL DIRECTO	R'S SIGNATURE	men small h			
M. R. Et	chison & Sor	A. Frederick. Mary	Land DATE	F 2 62 Co	Most S. Thanks

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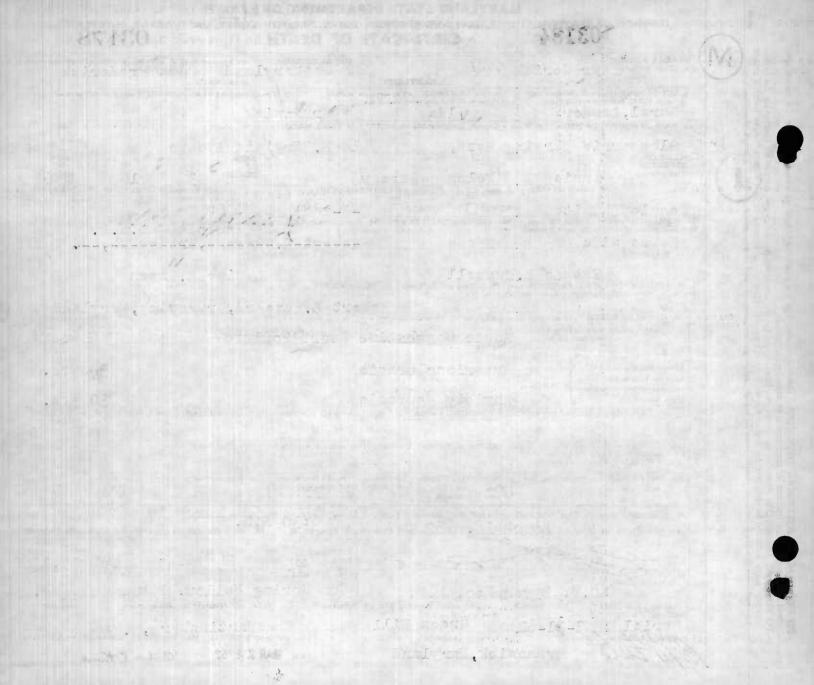
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n 24 hours after		illed in by the funeral	ages 1 and 2 should	rs after death.
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be execut	death, se 4 be retained by the hospital or attending physician.	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, Kithin 72 hour.
	15	M	7/6	1

MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND SIA	TIE DELWKIM	ENI OF HEALI		
DIVISION OF STATISTIC	CAL RESEARCH AND RE	CORDS, 301 W.	PRESTON STREET,	BALTIMORE 1,	MARYLAN
03184	CAL RESEARCH AND RE	ICATE OF D	EATH	0:	178

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, Il Institution: Residence before edmission)
a. COUNTY Frederick MARYLAND	a. STATE Maryland b. county Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Rural, Lander Iday	35 Brunswick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Glenmerrie Nursing Home	12 N. Virginia Avenue YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED (Type or print) Annie Kelen Buss	ard OF DEATH 3 18 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	9-3-1887 Bo yrs. Months Deys Hours Min.
	RY 11. BIRTHPLACE (COUNTRY) & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife Home	Rebert-L-Bussard, Brunswick, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mleawag W Bugge 77	Tani sa 13 Masan
	Louise E Mason INFORMANT Address
(Yes, no, or unkown) (Ilyesgive wer or dates of service)	
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	obort L. Bussard, Brunswick, Maryland
DART I DEATH WAS CALISED BY	ONSET AND DEATH
MMEDIATE CAUSE (a) Acute Congesti	ve Heart Failure 2 weeks
TO DUE TO	
Conditions, if any, which \ (b) Arterioscleros	is 30 vrs.
geve rise to immediate cause	
(e), stelling the underlying cause lest. (c) Anxiety leuros	is 30 vrs.
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
000	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury In Pert I or Pert II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, † 201. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While far at work et work 19	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Peb. 14 19 50 to March 18, 1962 that (I) (we) last
	it death occurred at
22e. SIGNATURE	22b. DATE
1 1 9 3	M.D. ATTENDING MED. STAFF SIGNED SIGNED SIGNED N.D. DIRECTOR PHYS. Harch 19.196
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) C.T. Byron Kao, M.D.	Gum Spring Hollow, Brunswick, Md.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 3-21-62 Green Hil	l Martinsburg.W.Vs.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Brunswick, Maryland	DATE MAR 2 3 '62 Cothur S. Kraus
Al for the same of	TOTAL A. THAIR



death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defath. n 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be execut

TO HOS

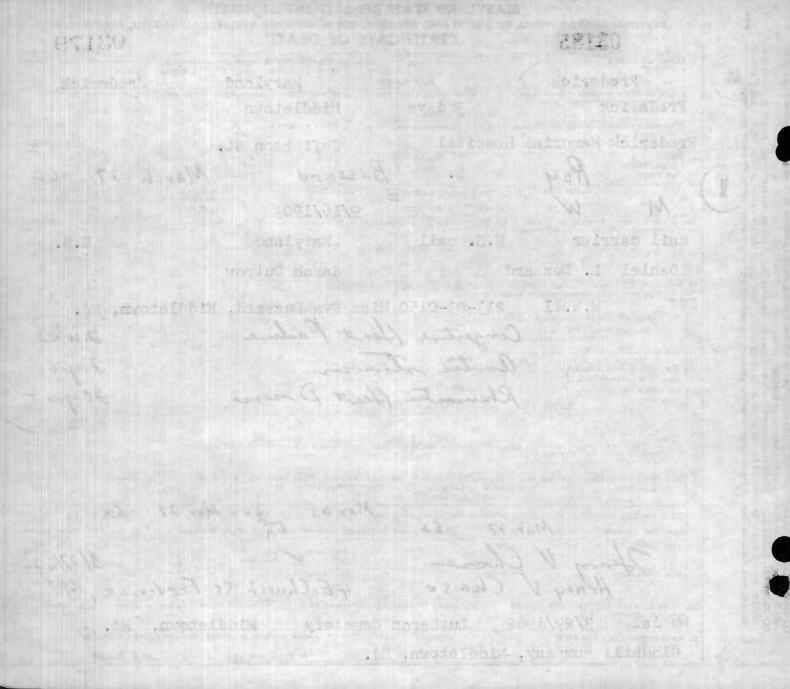
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03185

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 03179

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institut	ion: Rasidanca bafora admission)
a. COUNTY Frederick MARYLAND	a. STATE b. COUNTY	Day a 21 2 - 2 - 2 -
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA	rederick
Frederick and areas town 3 days	X Middletown	and give meaned town,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE
Frederick Memorial Hospital	Jefferson St.	YES NO VE
3. NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
(Typa or print) ROY L. B	USSard DEATH March	27 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		DER 1 YEAR IF UNDER 24 HRS.
WIDOWED ☐ DIVORCED ☐	9/16/1903 last birthday) Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		. CITIZEN OF WHAT COUNTRY?
mail carrier U.S. mail	Maryland	U.S.
	14. MOTHER'S MAIDEN NAME	
Daniel L. Bussard	Sarah Dutrow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 (Yas, no, or unkown) (Ifyasgivawarordatasofservice)	INFORMANT Addrass	
7700	ss Eva Bussard, Middleto	www Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	by his passaru, muureco	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Comparte e le	at tailue	ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive (se		- O-WKJ
THE TO DUE TO DE TO		2
Conditions, if any, which gave rise to immediate cause	win	oryon.
(a), stating the underlying DUE TO	1 1 2 .	
causa last. (c) Kheumalie /	ent presse	40 yrs T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
K Comment of the Comm		YES NO THE
U 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of item 1B.)	1 [7] [7]
OR CONTRIBUTING CAUSE OF DEATH		
	ACE OF INJURY (Homa, farm, 20f. (City or town)	(County) (Stata)
Hour a.m. Not While fact at work at work	tory, street, offica bldg., atc.)	
	Mar 23 1962 to Mar 27	10/2
21. I certify that (I) (this hospital) attended the deceased from.	140	
saw the deceased alive on Mar. 27 1962, and that	death occured at	
22a. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.	2/17/12 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	0/01/63
NAME (Typa) Henry V. Chase	4 E. Church St Freder	rick, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or a	county) (Stata)
burial 3/29/1962 Lutheran C	emetery Middletown.	Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	
Gladhill Company, Middletown, Md		
and any and any and any and and any and	· DATE AD 2 Q 162 Cathur	& Thalle



	1
nn 24 hours after	in by the funeral les I and 2 should after death
ite be execut	n and completely fille s carbon papers. Pag ent, within 72 hours
TO HOSTIAI ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Se 4 be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
The law requires that attending physician.	as been signed by the burial-transit permit. ial, cremation, or ren
NG PHYSICIAN: by the hospital or	ter this certificate hand the dead for use as the Health prior to buri
ATTENDIA A retained	L DIRECTOR: Af a 3 should be detained the State Dept. of
TO HOSTIA	director, page

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	09700								
)	1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission)							
/	Frederick MARYLAND	STATE Maryland							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Frederick	Rural Mt. Airy							
9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?							
	Frederick Memorial Hospital	R. D. # YES NO Last 4. DATE Month Day Year							
	3. NAME OF First Middle	O.F.							
	(Type or print) FRANCES CA	SHOUR DEATH March 7. 1962							
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	female white widowed N DIVORCED	Oct. 1881 SO yrs. Months Days Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	housewife domestic	Frederick Co., Md. U. S. A.							
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	? Bell	Tressa Eaves							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive war or dates of service)								
	**************************************	. Kenneth C. Cashour, Mt. Airy, Md.							
	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	INTERVÁL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC RENAL DISEASE YEARS								
	DUE TO AND								
	Conditions, if any, which) (b) ARTERIOSCLEROTIC	HEART DISEASE YEARS							
	gave rise to immediate cause (a), stating the underlying DUE TO								
	cause last. (c)								
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OPNEUMUNIA, Left lower lobe YES NO							
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II of item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fac p.m. 19 at work at work	tory, street, office bldg., etc.)							
		2 24 1962, to 317 1962, that (We) last							
		death occured at, from the causes and on the date stated above.							
	223 IGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 3/7/6 Z							
,	7	A.D. PHYS. DIRECTOR PHYS. 317/6 Z							
	22c. PHYSICIAN'S	22d. ADDRESS							
	Richard C. Reynolds, M.D.								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	36							
	Burial 13-10-1962 Prospect Co								
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	C. M. Waltz, Box 241, Sykesville, 1	Md. DATE MAR 9 '62 why 8. Kraue							



VR A15 (4)

15M 9/60

Mrs. Ruth Gardner, Middletown, Md. INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F (County) (Stete) 1957 to January 1965, that (1) (we) last saw the deceased alive on March 24. 1962, and that death occured at III.M, from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stete) Middletown. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ariling S. Thousa MAR 2 7 '62 Gladhill Company, Middletown, Md. DATE

e. IS RESIDENCE

ON A FARM? YES NO T

62

19

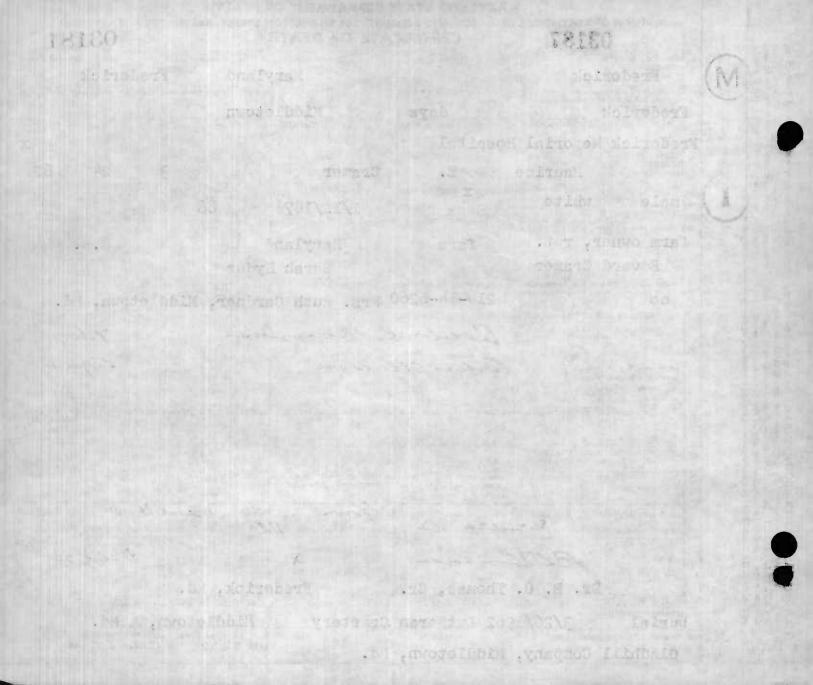
Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.

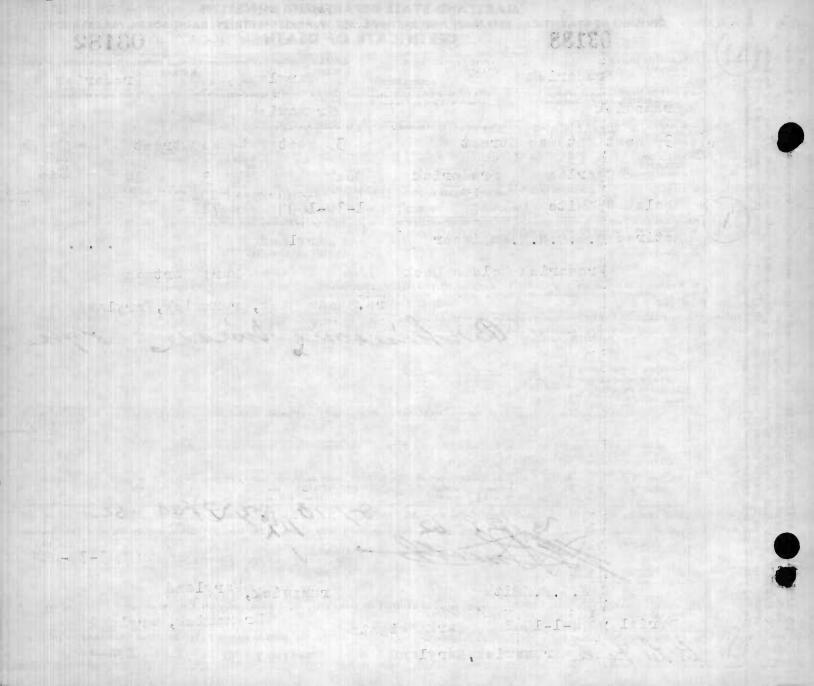
Devs

IF UNDER 24 HRS.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03188 funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) hours a. COUNTY b. COUNTY Trederiek by the and 2 death. Jarvland Prodoriek MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) .⊆ hours after Brunswiek filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? West Petemae Street West Petemac Street completely YES NO SE 3. NAME OF Middle DATE Year DECEASED OF (Type or print) Charles Frederick Deek DEATH 29 19 62 and cor withi 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Male White WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Retired B. & O.R.R Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 death Frederick Nelson Dock Mary Martman 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the (Yes, no, or unkown) | (If yes give war or dates of service) the Mrs. Susan Deck, Brunswick, Maryland permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end.] INTERVAL BETWEEN þ beresons hiseace ONSET AND DEATH I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? prior use YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.] While Not While Hour a,m et work [at work DIRECTOR: 21. I certify that (I) (this hospital) aftended the deceased from. should saw the deceased alive on 22e. SIGNATURE 22b. DATE 3-30-6 STGNED 3 ATTENDING ! FUNERAL rector, page DIRECTOR PHYS M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (Tope J.G.F.Smith Brunswick. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) Dig. REMOVAL (Specify) ek. Maryland Burial VR A15 (4 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 7/61 Brunswick, Maryland Orthur & Kraus 162 DATE BOR 2

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL

TO HOS

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

03189 CERTIFICATE OF DEATH 03183

1. PLACE OF DEA	TH		2.	USUAL RESIDEN	VCE (Whare de				dmission
e. COUNTY	Frederi	.ck mary	LAND	e. STATE Mary	rland	b. COUN	"Frede	rick	
write RURAL	N (if outside corporate limits and give nearest town)		AY IN 16	c. CITY OR TOWN		orate limits, write	RURAL and giv	a nearest town	1)
Petersv		Life	X	Petersv	rille				
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospitel, give street addr	ress)	d. STREET ADDRESS				ON A	FARM
3. NAME OF	First	Middle	- 11	Last	4. DATE	Month	De De		15 25
(Type or print)	Lillie Rese	Matilda Del	Lauder		OF DEATH	3	14	195	2
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	D 8 DA	7-1876	9.	AGE (In years last birthday)	Months Days	the latest the same of the sam	24 HRS. Min.
Female	White	WIDOWED DIVORCE	D			85 yrs.			
done during most of	ATION (Give kind of work working life, even if retired	106. KIND OF BUSINESS OF	R INDUSTRY 11	. BIRTHPLACE (Cou	inty & State, or f	oreign country)	U.S	OF WHAT CO	DUNTRY
M ousew		Mome		Marylan			0.0	• 22 •	
3. FATHER'S NAM	Henry Hoffn	an	14.	MOTHER'S MAIDEN		rederi	eka Se	la i sa dla d	e I w
			0 1 17 15100		Т.				
	EVER IN U.S. ARMED FORCE (If yes give wer or dates of see					Address			
140			Mrs.	Marie Sn	loots, K	nexvil	Le, Mar	yland	
Conditions, if a geve rise to imm (a), stating that cause last.	nediate cause								
PART II. OT	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	TH BUT NOT REL	ATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(e)	PERFO	
OR CONTRIBUTI	WAS UNDERLYING	206. DESCRIBE HOW INJURY	OCCURED. (Ent	er neture of injury in	Pert I or Pert II	of item 18.)			
20c. TIME OF II	m.	20d. INJURY OCCURRED While et work at work		F INJURY (Home, far treet, office bldg., at		or town)	(County)	((State)
	that (I) (this hospital	al) attended the decease		ath occured at	19 to	The causes	and on the	that (I) (v	- 1
22a. SIGNATUI	RE JAKE	THAT	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		226.	DATE SIGNI
22c. PHYSICIAN		th		22d. ADDRESS Brunswi	ek, Mar	yland			
3a. BURIAL, CREM	ATION, 236. DATE THERE		EMETERY OR C	REMATORY	23d. LOCA	TION (City, to	wn or county)	(St	ete)
REMOYAL SPE	3-18-6	2 Saint	Marks		Pete	rsvill	e, Mary	land	
AUNERAL DIRECT	OR'S SUNATURE	ADDRESS		2Sa. RF			GISTRAR'S SIGN		
13 CONT		swick, Maryla	end	4 7 7					
O IACE 10	all is a	THE LATE OF & WINGS A. T. C.	AND THE STREET	DATE	MAR 1 9 '6	2 1 6	Lithur S. H	NAULA .	

128140 A LONE OF Market Coldinant, and seed about, each

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MARYLAND STATE DEPARTMENT OF MEALTH

M	ARILAND STATE DEPARTMENT OF T	I I I I I I I I I I I I I I I I I I I
DIVISION OF STATISTICAL RE	ESEARCH AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
03190	CERTIFICATE OF DEATH	02454

00100			0.3	24
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease		ore admission
Frederick	MARYLAND	a. STATE Virginia	b. COUNTY Loudoun	~
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, writa RURAL and giva naaras	t town)
write RURAL and give nearest town) Frederick	Since 2/27/62	Lovettsville-R	ural RD#2 83 x	.3
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	a.	IS RESIDENCE
Frederick Memorial Hos	pital	Near Lovettsvil	1 7	M NO
3. NAME OF DECEASED (Typa or print)	Christe Est.	Last OF DEATH	harch 3	1962
Female White	AARRIED NEVER MARRIED 8		E (In years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Hou	NDER 24 HRS
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign		AT COUNTR
House-work	At Home	Virginia	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Calvin L. Everhart		Catherine Elizabeth	a Snider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addrass	
(Yas, no, or unkown) (Hyesgiva war or datas of service	None Mrs	. Bessie Sanbower, Lo	vettsville. Va.	Route
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	el Obstruction pro	the Gent Disease CONE THE Start Disease CONE THE Start Carc Now (Enternature of injury in Part I or Part II of in	e of a g moid YES [AS AUTOPS ERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Homa, farm, 20f. (City or to ory, streat, office bldg., etc.)	own) (County)	(Stata)
21. I certify that (I) (this hospital) saw the deceased alive on	/ 4	death occured 12 M, from the	causes and on the date s	tated abov
	Jane M. D.	D. PHYS. DIRECTOR PH	TAFF 3 March	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 3-6-62	Union Cemet		N (City/town or county) Sville, Virginia	(Stata)
M. R. Etchison & Son,	Frederick, Maryla	nd 25a. REC'D BY REGISTRAR 7 '62	25b. REGISTRAR'S SIGNATURE	

Since 2/27/c2 Livescevil Love Source Rese arron-squen Jenute w. Al alviet The transfer of the family of the first the said al . Meant hitself .a 13-1-21 Dilan Selentine menter and selection a. I. a conison to dos. Comercio. Margarita

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VR A15 (4) 15M 9/59

03191

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03185

1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Frederic	
b. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare // Frederick	est town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memoria			IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Lost 4. DATE Month Doy OF DEATH Month 19	Year 19 69
S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR II lost birthdoy) Months Doys	
10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired) Carpenter		STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF V Frederick County, Maryland U.S.	VHAT COUNTRY?
13. FATHER'S NAME William Greenberry Eyle	r	Anna Melvinia Biddinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dales of service)	SOCIAL SECURITY NO. 17.1	NFORMANT S. Mary M. Eyler 112 S. Jefferson St	. Fred.M
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediofe couse (o), stoting the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING 20b. DES	Cere	that Heurers hope one selection is the terminal disease condition given in part 1(0) 19.	VAL BETWEEN T AND DEATH T AND
	NJURY OCCURRED 20e. PL	ED. (Enter noture af injury in Part I or Port II of item 1B.) LACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) actary, street, office bldg., etc.)	(Stote)
21. I certify that (I) (this haspital) attends as the deceased alive on	2_1962 and that a	death accurred atM, from the couses and on the date : M.D. ATTENDING X MED. DIRECTOR DIRECTOR DIRECTOR DIRECTOR STAFF 22d. ADDRESS 22d. ADDRESS 810 Toll House Ave. Frederick, 1	stoted abave. 22b. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY C		(State)
Robert E. Dalley and Son	ADDRESS Frederick. N	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	

Make White

Maryland 0'72' ~

Frederiole Proderkolc active?hi -

132 South Jefferson St. Frederick Memorial Hospital

98 Cherles William Bylor, Sr. Stroh 18, March 12, 1888

Ourpuster Hone Frederick County, Maryland U.S.L.

William Greenbury Spler Anna Helvinia Heldinger

No - - 21-10-5799 Mrs. Mary M. Myler 132 S. Jefferson St. Fred. Md.

2001-01-5

Dr. L. R. Schoolman M.D. SlO Toll House Ave. Frederick, Murrished

Burial 3-01-1962 No. Olivet Cametary Producted, Maryland Mobolt R. Dallay and Son Frederick, Muryland MARYLAND STATE DEPARTMENT OF HEALTH

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Carrie Bonce

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hourswiller Cun Bome Harvis 6-

235-38-2281 Miss Saids H. Henidae Woodewore, Md.

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Political 1-19-52 United Comptery Tr. Louis Comp. Co.

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 03193 03187 with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Frederick funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town Frederick 50 years shauld Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 30 South Jefferson Street 30 South Jefferson Street pup C 4. DATE NAME OF First Middle Last Manth Day filled DECEASED (Type or print) DEATH death. William ! C. Flantt March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years completely lost birthday) Months Dovs ofter Male White Oct. 22. 1880 DIVORCED [81 papers. WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of warking life, even if retired) Mt. Pleasant, Maryland Retired Watchmaker and jeweler U.S.A. puo 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Calvin Flautt Jenny Catherine Rhoderick 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No or unknown) Mrs. William C. Flautt Frederick, Maryland ottending 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia (terminal) IMMEDIATE CAUSE (o) DUE TO Arterio-sclerosis Conditions, if ony, which gove rise to immediate gne DUE TO cause (a), stating the underlying cause last peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFIC 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month,

Hour a.m.

p. m.

Day, Year 20d. INJURY OCCURRED While Nat while of work at work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(Stote) (Caunty)

days

PERFORMED? YES NO T

e. IS RESIDENCE

ON A FARM?

YES NOT

Year

1962

21. I certify that (1) (this haspital) attended the deceased from Mar. 25 .. 1949 . to Mar. 22 ... 1962, that (1) (we) last saw the deceased alive an 22a. SIGNATURE

M.D. PHYS.

ATTENDING K 22d. ADDRESS

East Church Street Frederick, Maryland

SIGNED

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

M Baxter 23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stote)

Burial 24 SUNERAL DIRECTOR'S SIGNATURE

Maral9

Mt. Olivet Cemetery ADDRESS

M.D.

Frederick. 2So. REC'D BY REGISTRAR

1962, and that death accurred a OAM, from the causes and on the date stated above.

MED.

Maryland 256. REGISTRAR'S SIGNATURE

Funeral Home Fredericks MdLAR 2

arthur S. Thousa

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Wedger Low

30 South Jefferson Street 30 South Jefferson Street

William C. Flanck Journa 23,

Oct. 22, 1880 -

hethred Watchmalor and Jeweler | W. Pleannth Mayland | U.S.A.

Jerny Ostmerine Hoderick

- - 576-12-0955 itra. William C. Flanck Brederick, Haryland

Burial 3-26-1962 Mt. Olivet Ometery Preferick, Negyland

Robert E. Milay & Son Funeral Home Frederick, Md.

ir. J. M. Barter M.B. Is shet Church Street Frederick, Maryland

3-63-1962

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If institution: Rasidence before admission) e. COUNTY Page files. Health, Frederick b. COUNTY necessary Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) director. write RURAL and give neerest town) Burkittsville Burkittsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) Por retained State 3. NAME OF First Middle Last 4. DATE Month the DECEASED OF the DEATH (Type or print) Frances (Fannie) Viola Fox with 6. COLOR OR RACE 7. MARRIED NEVER MARRIER B. DATE OF BIRTH AGE (In yeers I IF UNDER 1 YEAR 5. SEX 2, and 3 a 5 may b a 5 may b and 2 with thours af last birthdey) Femal d WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) Pages 1, 4, within 72 done during most of working life, aven if ratired) Retired Clerk Store Maryland Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Elver Fex Mildred Türner 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) Mrs.Elizabeth Warren. Laural, Md. 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c).] along .= PART I. DEATH WAS CAUSED BY: Arterial shhleresis and IMMEDIATE CAUSE (e) Office burial-Cerebral Hemmerare **DUE TO** Conditions, if any, which (b) "pending" i xaminer's O used as a bu gave rise to immediate cause DUE TO Examiner's (a), steting the underlying uld be used a cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION Medical Ex pinous 20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. scertificate, writing the arded to the Chief N RECTOR: Page 3 st age burit WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., atc.) Not While While Hour a.m. al work at work prior ease execute the certificate, should be forwarded to the PUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Make Inquiry Suicide Homicide Undetermined manner Accident death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228. BURIAL, CREMATION, 22b. DATE THEREOF is REMOVAL (Specific) -29-62 940 p Lutheran Burkittsville Md 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VS. A15ME Brunswick, Maryland Civilian & Krous 5M 7/59 DATE APR 2 '62

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

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Days

Months

e. IS RESIDENCE

19

Hours

12. CITIZEN OF WHAT COUNTRY?

Montgowery

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

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and in my opinion

DATE SIGNED

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(Steta)

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(County)

IF UNDER 24 HRS.

ON A FARM? YES NO. BUILDINGS, STREET, STR MULTINE CANADA (I A DE ESTADO HESTA DE ESTADA DE CANADA (I A DE CANADA DE CANADA DE CANADA (I A DE CANADA DE CANADA DE CANADA DE CANADA DE CANADA (I A DE CANADA DE CANADA DE CANADA DE CANADA DE CANADA (I A DE CANADA THE RESERVE THE PROPERTY OF THE PARTY OF THE De lacon Mississippin Sec. 4 X

1.	PLACE OF DEAT a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE a. STATE Ma	· ·	H institutions Reside	
		(if outside corporate limits, id give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		writa RURAL and giva	
	d. NAME OF HOSP		not in hospital, giva straat address)	d. STREET ADDRESS	2		e. IS RESIDENCE ON A FARM YES IC NO
3.	NAME OF DECEASED (Typa or print)	Olive	Kate Fox	Last 4	OF	onth Pay	Year 19 62
	Female William Occupa	White	WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 17, 188	last Pirthda	5.	Hours Min.
d	Housew:	TION (Giva kind of work prking life, even if retired)	Own Home	Maryland			S.A.
13	Monahal	l H. Favori		14. MOTHER'S MAIDEN NA		C+1+a]=	
15		VER IN U.S. ARMED FOR CE			A sinexx		
		(If yes give war or dates of serv	lani	INFORMANI			
1				Mrs. John	Symmers	Thurmon	the same of the sa
	18. CAUSE OF PART I. DEA Conditions, if an gave risa to immed (a), stating the cause last.	DEATH [Enter only ona ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) (b) DUE TO undarlying DUE TO (c)	Cerebral Thro Herebral Thro Hyreviaus thros	mboses pasi	t 4 years	, 4	HERVAL BETWEEN NSET AND DEATH LUPP
CERTIFICATION	18. CAUSE OF PART I, DEA Conditions, if an gave risa to immed (a), stating the cause last. PART II, OTH 20a. ACCIDENT V OR CONTRIBUTING	DEATH [Enter only ons cannot be seen to be s		ot related to the terminal	t 4 years	, 4	ATERVAL BETWEEN NSET AND DEATH LIPE LYPE 19. WAS AUTOP.
MEDICAL CERTIFICATION	Conditions, if an gave risa to immed (a), stating the cause last. PART II. OTHI 20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF	DEATH [Enter only ona case TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (y, which diate cause undarlying DUE TO (c) ER SIGNIFICANT CONDITION VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	the previous throse throse contributing to peath but no p	ot related to the terminal	t 4 years	, 4	ATÉRVAL BETWEEN NSET AND DEATH LIPE LIPE LIPE LIPE LIPE LIPE LIPE LIPE
MEDICAL CERTIFICATION	Conditions, if an gave risa to immer (a), stating the cause last. PART II. OTHI 20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify	DEATH [Enter only ons cannot be seen to be s	the previous throse throws the transfer throse throwed throse throse throse throse throse throse throse throse throwed throse throse throse throse throse throse throse throse through throse throse throse throse throse throse throse throse through throse throse throse through throse through throse through through through throse through through through through through throwed through thr	OT RELATED TO THE TERMINAL Solution Control C	t 4 years L DISEASE CONDITION 1 I or Part II of item 18.) 20f. (City or town)	GIVEN IN PART 1(a) (County)	TERVAL BETWEEN NSET AND DEATH LYCENS. 19. WAS AUTOPS PERFORMED? YES NO [(State) Ahat (1) (we) date stated about
	Conditions, if an gave risa to immed (a), stating the cause last. PART II. OTH 20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the decea 22a. SIGNATURE	DEATH [Enter only ons as TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which diate cause undarlying ER SIGNIFICANT CONDITION WAS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER; URY Month, Day, Yaar 19 that (I) (this hospital assed alive on	The previous throse thr	ot related to the terminal set of injury in Paractory, streat, office bldg., etc.) Man 23 19 Attending Med	L DISEASE CONDITION 1 I or Part II of item 18.) 20f. (City or town) 6.2 to Mar 2. .M, from the caus	GIVEN IN PART 1(a) (County)	19. WAS AUTOP PERFORMED YES NO [(Stata)
	Conditions, if an gave risa to immed (a), stating the cause last. PART II. OTH PART II. OTH 20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces	DEATH [Enter only ons as TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Y, which diate cause undarlying DUE TO (c) ER SIGNIFICANT CONDITION WAS UNDERLYING YAS YAS YAS THAT	The previous throse thr	OT RELATED TO THE TERMINAL OT RELATED TO THE TERMINAL S. G.	t 4 years L DISEASE CONDITION 1 I or Part II of item 18.) 20f. (City or town) 6.2, to Mar 2 M, from the caus	GIVEN IN PART I(a) (County) 2 1962	19. WAS AUTOI PERFORMET YES NO (Stata Ahat (I) (we) date stated ab 22b. DA

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Burial 3-29-62 United Brothern Cem. Thursday, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidance before admission) a. COUNTY Frederick b. COUNTY Frederick the t Maryland MARYLAND b. CITY OR TOWN (if outside corporala limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearast town) Since 3/9/62 Frederick Braddock Heights E- 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Maryland Avenue YES NO X completely 3. NAME OF Middle 4. DATE Month DECEASED (Typa or print) NANNTE LOUISE GATTHER DEATH 1962 pon 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and birthday) Hours Female White 27 Aug 1891 WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retirad) Retired-Bookkeeper Dept. Store Frederick. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Samuel R. Gaither Matilda A. Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addre 406 Elm St .. (Yes, no, or unkown) | (Ifyesgivewarordatasofservica) Mr. Francis S. Gaither, Sr., Frederick, Md. No 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).] zed aledom. Carcinomataris n maliznancy ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (e), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. CATION WAS AUTOPSY PERFORMED? NO use 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yaar 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work Should be de 21. I certify that (I) (this hospital) attended the deceased from...... ... and that death occured 26.15.M, from the causes and on the date stated above, 1.19.0 saw the deceased alive or 22b. DATE ATTENDING 29 March 1962 PHYS. DIRECTOR FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN'S Charles H. Conley. 228 N. Market St., Frederick, Md. Jr., M. D. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0:48 4-2-62 Mount Olivet Cemetery Frederick. Maryland Buria 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) M. R. Etchison & Son, Frederick, Maryland 15M 9/60 arihun S. Thous DATEPR 2

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	out the same		too a musicoli	** **

9 TO HO. It is be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. nin 24 hours after The law requires that the death certificate be execute VR A15 (4) 15M 7/61

D	DIVISION O	OF STATISTIC	AL RESI		RECORD				T, BALTIN	NORE 1,	MAR	YLAND	
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b. CITY	OR TOWN (if	outsida corporate lim	its,	c. LENGTH OF	STAY IN 1b	c. CITY O			orate limits, writ				n)
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		L OR INSTITUTION	(if not in ho	spital, giva streat	addrass)	d. STREET	ADDRESS	LCCOW				e. IS R	
Fre	ederick	Memori:	al Ho	spital								YES T	A FAR
. NAMI	E OF	Firs	1	Midd	lle	Last		4. DATE	Mont	h	Day	Yea	
(Type o		7000		7		0		OF DEATH	2		07	196	-
. SEX		6. COLOR OR RACE	17 MARRI	ED DEVER MA	PRICE 18.	Gaver DATE OF BIRT		9	, AGE (In years	IF UNDER	YEAR	IF UNDER	
fema	le	white				~ 1-0			last birthday)	Months	Days	Hours	Min.
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done duri	ng most of work	ing life, even if retir	ed)						foreign country	12. 01			00111
	nousev	ATIE		own ho	ome	-	ryla					J.S.	
3. FATH	ER'S NAME					14. MOTHER'	S MAIDEN N	NAME					
		ius W.					Mary	C. G	rimm				
S. WAS	DECEASED EVER	IN U.S. ARMED FO res giva war or dates of	RCES? 16	SOCIAL SECURI	TY NO. 17. I	NFORMANT			Addras				
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18. C	AUSE OF DE	ATH [Enter only on	a cause per	line foreja), (b), a	nd (2).]							ERVAL BET	
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	itions, if any, rise to immediat	1.00	}	6.6.	J. C. C. C.								1
	tating the und	derlying DUE TO											/
cause) (c								CELL IN L. D. A. D.	- 4	2 2446 4	
20a. A OR CC	ART II. OTHER S	SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO I	DEATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GI	VEN IN PAR	1 1(a) 15	9. WAS A	RMED?
5											Υ	res 🗌	NO [
20a. A	ACCIDENT WAS	S UNDERLYING [] CAUSE OF DEATH	20b. DE	SCRIBE HOW INJ	URY OCCURED.	(Enter natura o	of injury in P	art I or Part I	l of item 18.)				
	HER, NOTIFY	MEDICAL EXAMINER											
20c.	TIME OF INJUR	Y Month, Day, Y		INJURY OCCUR		CE OF INJURY			y or town)	(Co	unty)		(Stata)
	Hour a.m.	19	While at wo		Tacro	ory, street, office	a bidg., etc.;						
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		at (I) (this-hosp					64						
		d alive on	7.1	k/195	, and that	death occu	red af/	from	i ine causes	and on	ine da		. DAT
22a.	SIGNATURE	0. +1	11	-00)	ATTENDIN		NED.	STAFF		n.	4.20	SIGI
	140	un A	145	eglice	М.	D. PHYS.		IRECTOR] PHYS.	/	MAR	14人	, 19
	PHYSICIAN'S NAME (Type)	m Dal-	. 4. 77	1									
	1	r. Robe:	rt Hu	ighes				rick,					
		N, 236. DATE THE	REOF	23c. NAME C	OF CEMETERY	OR CREMATOR	Y .	23d. LOC	ATION (City, to	wn or coun	ty)	(S	lata)
KEMO	urial	3/24/	1962	Luther	ran Ce	metery	7	Mi	ddleto	wn. I	id.		
	AL DIRECTOR'S	SIGNATURE		ADDRES		0			TRAR 256. RE			TURE	
	adhill	/14	v. Mi	ddleto	wn. Md		DATE S	AR 2 7 '	62	Inthun .	8. the	us	
47	. C. C. L. L. L. L	- Joint ari	, , 1.17		11219 1100	•	TOATE M	MIL E	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

MARYLAND STATE DEPARTMENT

OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03192

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased livad, If institution: Rasidenca bafora admission)
• COUNTY Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b Lifetime	c. CITY OR TOWN (If outside corporeta fimits, write RURAL end give nearest town) // Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 228 East Third Street	d. STREET ADDRESS S. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First Middle DECEASED (Type or print) Patricia Ann Gral	ham 4. DATE Month Day Yeer DEATH March 1, 1962 19
7. MARKIED ZZETETEK MARKIED	DATE OF BIRTH 9. AGE (In years lest birthday) lest birthday) 20 yrs. Feb. 28, 1912 9. AGE (In years lest birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife None 13. FATHER'S NAME	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Frederick, Maryland U.S.A.
Ray S. King	Mildred Catheryn Rippeon
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Thomas M. Graham Frederick, Maryland
Conditions, if any, which gave rise to immediate cause [a), stating the undarlying cause last. Conditions, if any, which (b) RHEUMATIC HEA (c) RTRIAL FIBRILL	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X. (Enter nature of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Home, farm, 2DI. (City or town) (County) (Stata) lory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 1.24M, from the causes and on the date stated above
22c. PHYSICIAN'S	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. 3-1-1962 22d. ADDRESS D. 9 East Church Street Frederick, Md.
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial 3-3-1962 Mt. Olivet C	emetery Frederick, Maryland
24 TUNERAL DIRECTOR'S SISMATORE . ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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fter death. Page 4

:NDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	00.	- 23		CERTIFIC	CATE	OF DI	EATH			03:	19:	3	
1. PLACE OF DEATH o. COUNTY Frederick				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before ad o. STATE Maryland b. COUNTY Montgomery							re admiss	ion)	
	b. CITY OR TOWN (If RURAL and give ne Frederick	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate Rockville					ote limits, write RURAL and give nearest town)				
	OR INSTITUTION	AL (If not in hospital, g		address) d. ST			uncas	ter M:	ill Road	1			DENCE FARM? NO
3	NAME OF DECEASED (Type or print)	JESS.		Middle ADAMSON	GR	Lost ANTHAM		4. DATE OF DEATH		onth larch	10	,	rear 19 62
1	Female	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED [ATE OF BIRTH	_	6	9. AGE (In yeo lost bithdoy) Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
1	0a. USUAL OCCUPATIO during most of work House-wor	N (Give kind of work of ing life, even if retired)	done 10b.	At Home	NDUSTRY		yland	-1	ountry)		USA	WHATC	OUNTRY?
1	3. FATHER'S NAME Robert L.	Adamson			14	Helen	MAIDEN N						
1	5. WAS DECEASED EVER (Yes. no. or unknown)	RIN U. S. ARMED FOR If yes, give war ar dates of st	ervice)	None	17. INFOR	ley E.	Gran	tham	(Same	ddress	m #2)	
	Conditions, if or gove rise to in cause (a), stoting t lying couse lost.	the <u>under-</u> DUE TO	, C «	ecalensive	VAS		Accalize	den dazt	Ts eziosc		is	PERFO	VIZS AUTOPSY RMED? NO D
		CAUSE OF DEATH	or 20d. IN		le. PLACE	OF INJURY ()	lome, farm,	20f. (City			(County)		(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 Not while at work 19 Indicatory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram								stated 22t ch 1					
2	Ga. BURIAL, CREMATION	3-13-62)F	Mount Oli			у		ION (City, town			(Stote	e)
2	M. R. Esc	HISTA ESO	h, A	ederick, pa	rylan	id		R 1 3 1		GISTRAR'S S Inithum &			

may be religious, he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPIT VR A15 (4) 15M 9/59

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TO DEPU. M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any ceray is necessary, messes execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1, 2, and 3 to the funeral director. Page 1, 2, and 3 to the funeral director. Page 2, 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR. Page 3 should be used as a buriel-transit permit. File pages 1 and 2 wiff the State Board of Hepith, and or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	1
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03194

·	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)								
1	• COUNTY Fr4derick MARYLAND									
	b. CITY OR TOWN (if outside corporele limits, write RURAL and give nearest town) Frederick Hrs	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS								
	174 West All Saints St	151 W. Saints St								
ď	3. NAME OF First Middle	Last 4. DATE Month Day Year								
	(Type or print) Marshall Howard	Hackey DEATH 3 24 19 62								
41	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
	male negro widowed X DIVORCED	1-3-1901 G1 yrs. Months Days Hours Min.								
	1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
Н	Janitor	Maryland U.S.A								
-	13. FATHER'S NAME	Waryland U.S.A								
1										
	Charles E. Hackey	Nettie Cromwell								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ityesgivewerordatesofservice)	Address Frederick, Md								
1	No 87777778 220-16-3758	Mary E. Timpson 174 West Saints 3								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]									
1	PART I. DEATH WAS CAUSED BY: Coronary Thrombosis ONSET AND DEATH									
	The state of the s									
	DUE TO									
	geve rise to immediate cause	Conditions, if any, which (b)								
1	(e), stating the underlying DUE TO									
1	ceuse last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
		YES NO T								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 2DB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	(Enter neture of injury in Pert I or Pert II of Item 18.)								
а	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)								
		ectory, street, office bldg., etc.)								
1	21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection K, Inquiry C, and in my opinion								
1	death resulted from: Natural causes , Accident , Su	icide , Homicide , Undetermined manner								
1	death resulted from President Causes XI, President I, Se									
1	ACTUAL RIPL	CHIEF MEDICAL EXAMINER								
1	SIGNATURE DISTRICTANT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
-	EXAMINER'S B. D. Thomas Frederick, I	DEPUTY MEDICAL EXAMINER \$\ 3-26-62 Address (Street, city, town, or county)								
1	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY									
	Burial 3-28-62 Fairview									
-	23. FUNERAL DIRECTOR ADDRESS	Hrederick Md								
	C.E. Hicks, 111 Frederick, Md	MAR 2 9 '62 Criting & France								
1	To do I do I y made	DATE								

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e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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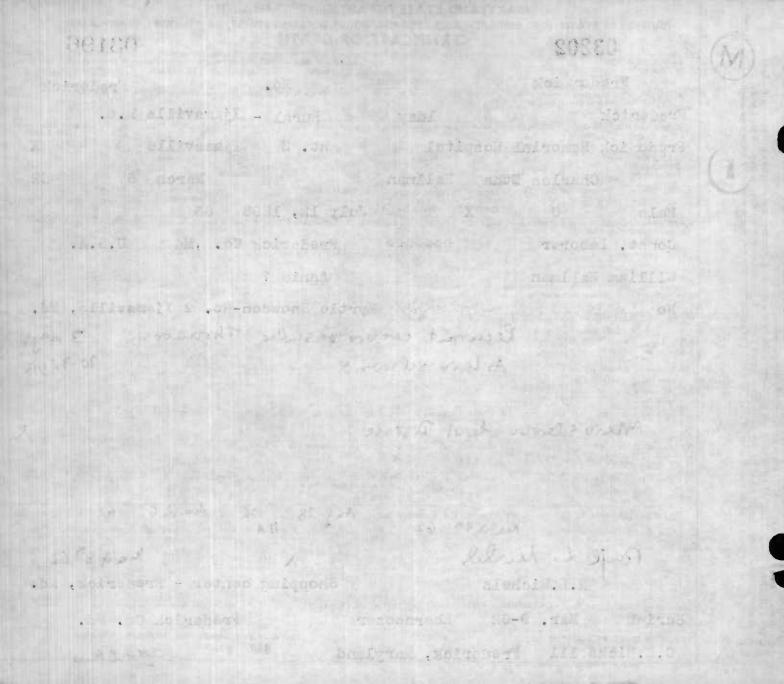
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TO HOSP. L. RITENDING PHYSICIAN: The law requires that the death certificate be executed. A 24 hours after of death. Page 4 the retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	1
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03202 03196

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1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Freder ick MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nesses nown)
Frederick	Rural - Ijamsville P.O.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	Rt. 2 Ijamsville YES NX
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Charles Otha Hallman	DEATH March 6 1962
	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthdey) Months Deys Hours Min.
Do. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTI	July 12, 1898 63 yrs.
lone during most of working life, even if retired)	
Const. Laborer *******	Frederick Co., Md U.S.A.
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hallman	Annie ?
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	mutla Chaudan Bt O Tiamarrilla Md
NO 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),]	yrtle Snowden-Rt. 2 Ijamsville, Md.
	ONSET AND DEATH
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	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
Men sclantic tean Diceace	PERFORMED?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!	D. (Enter nature of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL. Hour e.m. While Not While fee	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Aug. 28 1956, to Mark 6 1962 that (1) (we) last
saw the deceased alive on	t death occured at I.A.M, from the causes and on the date stated above
220. SIGNATURE C. L. L.	ATTENDING MED. STAFF PHYS. Kard 8K 62 SIGNED
100	A.D. PHYS. DIRECTOR PHYS. PHYS. 62
22c. PHYSICIAN'S NAME (Type) R.L.Michels	Shopping center - Frederick, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burratopecify) Mar. 9-62 Eberneeze	
	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	MAD 0 100
C.E. Hicks 111 Frederick, Maryl	and DATE THE SOL Outling & thous



FOR STATE HEALTH DEPT

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TO DEPUTY TEDIC EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delicessary, please execute cert, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the full rector. Page 4 shauld be far Led to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Board af Health, ar its designated agent, priar to berrial, crematian, ar removal, and in any event within 72 hours after death. VS. AISME

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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. (PLACE OF DEATH	erick			MARYLAND	- 31	usual residence (sed lived. If institu b. COUNT				ission)
ь	ond give nearest town) Frederic		RURAL	c. LENGTH	OF STAY IN 16		c. CITY OR TOWN (I	outside cor	parote limits, write	RURAL on	d give n	eorest to	wn)
d		South Str		hospital, give stre	et address)	1	d. STREET ADDRESS 218	South :	Market S	treet		ON	ESIDENCE A FARM?
-1	NAME OF DECEASED (Type or print)	THE			Aiddle WITT	HA	MRICK	4. DATE OF DEATH	Mant	arch	18,		7ear 19 62
5. S	Male	6. COLOR OR RACE White	WIDO	WED 🛣 DI	VORCED [4	Feb 1916		9. AGE in years last bythday 46 yrs.	Months	R TYEAR Days	Hours	ER 24 HRS Min.
100	. USUAL OCCUPATIOn lycing most of working Plaster	N (Give kind of work d life, even if retired)	one 10	onstruct	ion	TRY	11. BIRTHPLACE (Slote Mountaind	or foreign o	aryland		SA	F WHAT	COUNTRY
13.	Victor Ha	mrick					MOTHER'S MAIDEN						
		R IN U. S. ARMED FOR (If yes, give was as dates at s		214-10-2			MANT Frances L	. Hoff	man, Fre	W. Sderic	outh k, M	St.	,
CERTIFICATION	Conditions, if or gave rise to immed (a), stoting the ucouse lost. PART II. OTH	intercouse DUE TO (c). ER SIGNIFICANT CONE		CONTRIBUTING		NOT R				/EN IN PAI			AUTOPSY PRMED? NO
	20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	o. DESC	RIBE HOW INJUR	Y OCCURRED. (Enter	nature of injury in Po	rt I or Port II	af item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Yea	W	d. INJURY OCCU hile Not wi work ol wor	hile fac	ACE O	F INJURY (Home, far treet, affice bldg., etc	m, 20f. (Cit)	or town)	(Co	unty)		(Stole)
	ACTUAL SIGNATURE	ot I took charge resulted from: N	laturo	l couses (),		_	Suicide ,	Homicide XAMINER CAL EXAMINE	, Undete	ermined	monne	DATE S	d in my
	BURIAL, CREMATION REMOVAL (Specify) Burial	3-22-62	0		olivet				TION (City, town, erick, M.		nd	(Stat	•)
	FUNERAL DIRECTOR' M. R. Etch	ison a Son	Fr	ederick	Paryla	ind		D BY REGIST		STRAR'S SI	GNATUR	KE MA	

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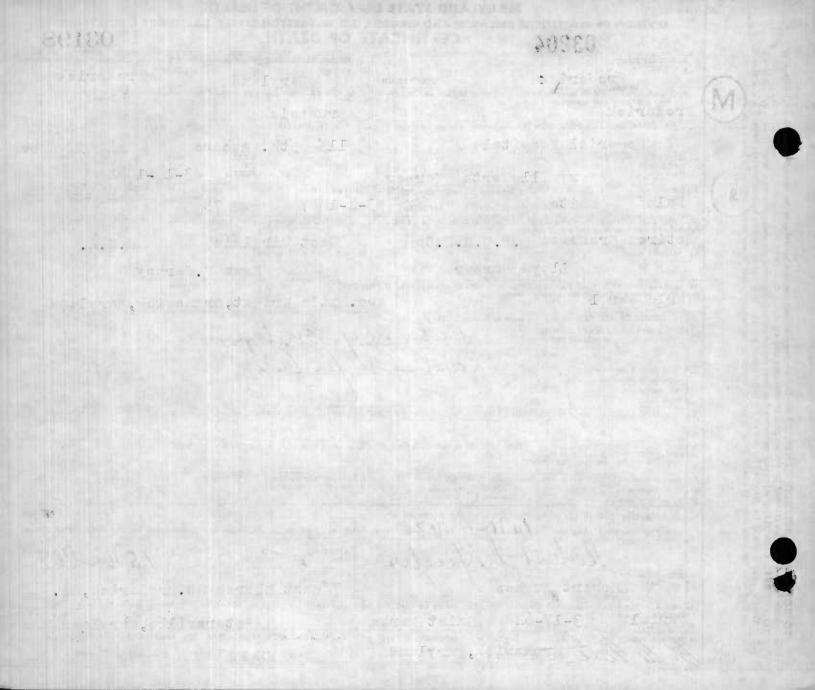
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TO HOST ALL ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. He at be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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1 1	MAR	YLAND STATE DE	PARTMENT OF HEA
Q. X	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON STRE
		CERTIFICATE	OF DEATH

		WAKILAND SIAIE DE	PAKIMENI OF	HEALIN	
DIVISION	OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
	03204	CERTIFICAT	E OF DEATH		03198

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before edmis	ssion)
·	Frederick MARYLAND	e. STATE b. COUNTY Frederick	
1	D. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL end give nearest lown)	
1 -	write RURAL and give neerest town)	35Brunswick	
0	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDE	
	Memorial Mospital	115 5th Avenue YES NO	
	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	24.30
	Type or print) Harry Ellsworth Harper	DEATH 3-14-1962 19	
5.	7. MARKIED NEVER MARKIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours Months Days Hours Minths Days Minths Minths	
	Male Waite WIDOWED DIVORCED .	3-4-1887 75 yrs. Months Days Hours Mi	lin.
R	etired Brakeman B. &.O.R.R.Co	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.	ITRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Lloyd Marper	Emma V.Ferney	
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
W	na Trunkowa) [[yesaivewerordafesofservice]	rs.Katie Wright, Brunswick, Maryland	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), eng (c).]	I INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ares drusting onset and death	Н
	S 1 DUE TO O	1 A Josephine	
	Continue of March 1 - 2 -	1 Southern	
	gave rise to immediate cause	Tourse	
	(e), stefing the underlying DUE TO		
7	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTO	DEV
CERTIFICATION	FANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMET YES NO	
CERTIFI	20⊕. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURED OP: CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
3	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, ferm, ', 20f. (City or town) (County) (State	p)
MEDIC	Hour e.m. While Not While fect	lory, street, office bldg., etc.)	
		, 19, to, 19, that (I) (
	saw the deceased alive on Ly Lui 19 (0. 7 and that	death occured at	OVO:
	220. SIGNATURE	22b. DA	
	22c. Physician's NAME (Type) obert Hughes	7 East Church St. Frederick, Md.	
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
	Saint Marks		
24	FUNEBAL DIRECTOR SAIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
10	The telle Brunswick, Maryland	DATE WAR 1 9 '62 Curling S. France	
-			



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TO FUNERAL I

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
03199 CERTIFICATE OF DEATH 02205

757477					
		CTATE	CE (Where deceased lived, If b. COU!		ce before admissio
•. COUNTY Frederick	MARYLAND	Mary.	Land	Freder	ick
b. CITY OR TOWN (if outside corporate lim	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits, writ	e RURAL end give	neerest town)
Frederick-Rural-Rout	e 7 Life	X Frede	erick-Rural-Re	oute 7	
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Yellow Springs		Yello	ow Springs		YES NO X
3. NAME OF Firs DECEASED	Middle	Lest	4. DATE Mont	h Day	Yeer
(Type or print) SAMU:	EL EDWARD	HARRIS		farch 7,	19 62
5. SEX 6. COLOR OR RACI	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	15 March 1891	last birthdey) 67 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of wor	rk 106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Count	y & State, or foreign country	12. CITIZEN C	F WHAT COUNTR
done during most of working life, even if retired-Carpenter	Construction	Yellow Spi	rings. Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0011	
William Harris		Lucy Lewis	3		
15. WAS DECEASED EVER IN U.S. ARMED FO			Addres	s	
(Yes, po, or unkown) (Ifyesgivewerordetesof	service) 214-10-4553 Mrs	. Mabel H. Ha	arris (Same a	s item #:	1)
18. CAUSE OF DEATH [Enter only on				[IN1	TERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6	CHANNE BRANCHITIS	PHIMADO	EMPHYSEMA	, ,	SET AND DEATH
(A) h) I COLONY !!	- MP-117 81-1711	1 4	+ 1/200
5 0 de Coue to	0 - 2 P	ULMONALE		5	tyears.
Conditions, if eny, which be geverise to immediate cause	COR	CHONACE			
(e), steting the underlying DUE TO				110 -110	
ceuse lest.)				
PART II. OTHER SIGNIFICANT COND	TITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(e) 1	19. WAS AUTOPS' PERFORMED?
PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Uff EITHER, NOTIFY MEDICAL EXAMINER					YES NO 1
ZOa. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in F	ert I or Pert II of îtem 18.)		
OR CONTRIBUTING CAUSE OF DEATH					
		ACE OF INJURY (Home, farm	, 20f. (City or town)	(County)	(State)
20c. TIME OF INJURY Month, Dey, You hour e.m.	While Not While fac	ctory, street, office bldg., etc.		(0001117)	(3,3,5)
P1001	et work et work	1	1		
21. I certify that (1) (this hosp	ital) attended the deceased from.	6/23	1960 to 3/4	, 19.6-2 t	hat (1) (we) la
saw the deceased alive on	3.1.4 and tha	t death occured	M, from the causes	and on the da	ate stated above
220. SIGNATURE	1				22b. DATE
Milland C	Legnolds, "		IRECTOR PHYS.	8 Marc	ch 1962 GN
22c. PHYSICIAN'S	egracie,	22d. ADDRESS			
NAME (Type) Richard C	. Reynolds	9 E. Churc	ch St., Freder	ick. Md.	
23e. BURIAL, CREMATION, 23b. DATE THE			23d. LOCATION (City, to		(Stete)
BEMOVAL (Specify) 3-10-6					
1			Near Yellow		
24 FUNERAL DIRECTOR'S SIGNATURE	mk A Sironny		D BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE
M. R. Etchison & Son	i, Frederick, Maryla	nd DATE M	AR 1 2 '62	1.11 0 4	

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Maria 1 1-10-62 Haunama Hill Descript I note Thillow Benders; In.

the E. R. Etchion & Con, Productor, Marylund

FOR STATE HEALTH DEP

TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any becausery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03200

	PLACE OF DEATH			a. STATE	CE (Where deceased lived, If	YTY	ence before edmission
k		f outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	Marylan c. CITY OR TOWN	If outside corporate limits, write	ederick RURAL end give	e nearest town)
	. NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS			o. IS RESIDENCE
3.	rederick in NAME OF DECEASED (Type or print)	demorial Hos	Middle Lutecia	Point of Last Hartman	A. DATE Month OF DEATH March	De 21	YES NO 19 Year
	male	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 8,1880		Months Days	Hours Min.
dor		ON (Give kind of work rking life, aven if retired)	Housewife		nty, Virginia	T.S.	OF WHAT COUNTE
1	D. W.	Ayers.	S? 16. SOCIAL SECURITY NO. 17.	Alice Heu			
(Yes		yesgive war or dates of ser	vice)		,Buckeystown,M		
	PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO , which (b) ele cause	Coronary occlus: Hypertension	ion		Č	NTERVAL BETWEEN NSET AND DEATH Min. Years.
CERTIFICATION	PART II. OTHER 20e. EXTERNAL CAPRIMARY Or CO	(c)	ONS CONTRIBUTING TO DEATH BUT N			EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO X
MEDICAL CE	20c. TIME OF INJU Hour a.m.			ACE OF INJURY (Home, farr ctory, street, office bldg., etc		(County)	(State)
		at I took charge of	the remains described above, h	cide, Homicide CHIEF MEDICAL	Inspection X. Inquir	. INC.	d in my opinion
	EXAMINER'S NAME (Type)	B.O.Thomas	s,Sr. M.D.	DEPUTY MEDICA	L EXAMINER city, town, or county)	3,	/23/62
P 23.	BURIAL, CREMATION REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	3/25/62. R Sonald	St. Paul's Ceme	etery 24a. REC	Point of Rock C'D BY REGISTRAR 24b. REG		

Noineboul onsignal 3 7 resinct to taket MULTO 1341 Inthepall farmed fortuner Marilian Constant Constant Constant US LA SEMBLE LEBERGETY, COURT WITHOUT - LIVE STREET Manage Frage one grad massage or . 1211, and . on a seed a College

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			M. COUNTY

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ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNDRAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS Damascus, Md.

22c. NAME OF CEMETERY OR CREMATORY

New Market

M. VanPoole

New Market. 24a, REC'D BY REGISTRAR

Md

22d. LOCATION (City, town, or county)

Airy.

24b. REGISTRAR'S SIGNATURE

DATE AR 2 0 '62

8 Traver

e. IS RESIDENCE

Doy

USA

Item 2

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

Doys

(County)

ON A FARM YES NO NO

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		and Male and the second			
		Caramer Carame	CONTROL OF THE STATE OF THE STA	10/20/20	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03203

	erick		TARYLAND	2. USUAL RESIDEN e. STATE Mary	ICE (Where dec	eesad lived, If in b. COUNT		ick
Frederic	(if outside corporete limits, give nearast town)	LENGTH C	or STAY IN 16	c. CITY OR TOWN	(If outside corpor lerick-Ri	A series and		neerest town)
	tal or institution (if it k Memorial H		et address)	d. STREET ADDRESS	Urbana			o. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED	First	Mic	Idle	Last	4. DATE OF	Month	Day	Yeer
(Type or print)	LEWIS	EDWA	RD	HORMAN	DEATH	Ma	rch 23,	1962
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER M	ARRIED B.	DATE OF BIRTH	9.	AGE (In yeers I		
Male	9971 0 1			Sept 1908	9	3 yrs.	Months Deys	Hours Min.
	TION (Give kind of work orking life, even if retired)	Farm Tena		11. BIRTHPLACE (Cour		oreign country)	USA	OF WHAT COUNTRY?
13. FATHER'S NAME		-		14. MOTHER'S MAIDEN	INAME			
Lewis E.	Horman			Hattie C	utsail			
Conditions, if any gave rise to immed (e), steting the u cause last. PART II. OTHER	late ceuse DUE TO (c)	Nephro Nephroli	- Sell	COLLAND RELATED TO THE TERMI	INAL DISEASE CO	uller De	Selise :	19. WAS AUTOPSY PERFORMED?
ZOc. TIME OF INJU Hour s.m.	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year 19	20d. INJURY OCCUI While Not While et work et work	RRED 20e. PLAC	(Enter neture of injury in	m, 20f. (City o	or town)	(County)	(State)
	that (I) (this hospital sed alive on MA) attended the dec	ceased from	death occured 12:	19.01, to.2 10A, from	the causes a	and on the c	
22c. PHYSICIAN'S NAME (Type	1	Huma Thomas, Jr	M. D.	PHYS. 22d. ADDRESS	MED. DIRECTOR TREET St.	STAFF PHYS. -, Frede		arch 1962
23e. BURIAL, CREMAT REMOVAL (Specify,	3-26-62		Of CEMETERY O	R CREMATORY	23d. LOCAT	TION (City, town	n or county)	(Stete)
24 FUNERAL DIRECTO	HISTORY SON,	Smil ADDRE	SS	25e. RE	C'D BY REGISTR		Lun S. The	

Special Comments

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LAND STATE DEPARTMENT OF HEALTH

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John Thomas

D.O.Thomas-Dr.

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Malton Tront Johnson, Sr.

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You Wilsr 1 557-03-01:69 Milton T. Johnson-Fran R.F.D. in Mt. Akrym Md.

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Frof. Eldg - Froderick-imryland

Cremation um. 2-1962 Coder Hill Crematory Prince Georges Co.- Nd. Besigning Home Frederick Street

AND THE PROPERTY OF THE PARTY O

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DIVISION	OF STATISTICAL RESEARCE	CH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAN
	03414	CEDTIEICAT	E OF DEATH		

X							03206
	1. PLACE OF DEATH			CTATE		ed lived, If institution	Residence before edmission
1	Frede	eriek	MARYLAND	o. STATE Mary	yland	b. COUNTY Fre	derick
1		f outside corporata limits, give naarest town)	c. LENGTH OF STAY IN 18		(If outsida corporata	limits, write RURAL a	and give neerest town)
1	Frederick	C	Since 2/28/6	2 X Free	derick-Rur	al RD#4	
ľ			in hospital, giva street addrass)	d. STREET ADDRES	S		e. IS RESIDENCE
l	Frederick	Memorial Hos	spital	Ball	Lenger Cre	ek Road	YES X NO
Ī	3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Day Yeer
l	(Type or print)	SPENCE		JONES	DEATH	March	17, 19 62
ľ	5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UNDER	
l	Male	White w	DOWED DIVORCED	13 Dec 1886	7.	5 yrs. Months	Days Hours Min.
I	10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if refired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co	unty & State, or foreig	gn country) 12. C	ITIZEN OF WHAT COUNTR
l	Retired-Far	mer	Farming	Maryland	i	U	SA
ľ	13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Joseph Jon	ies		Isabelle	Clay		
1	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? Tyesgivewarordetesofservice	16. SOCIAL SECURITY NO. 17	INFORMANT		Address	de les la con
ı	No	1 7 0 2 9 7 1 0 Wal Ol Geles 0 1 3 0 7 1 C	None M:	cs. C. Alvin	Fry (Same	e as item	#2)
ı	18. CAUSE OF D	EATH [Enter only one caus	a per line for (e), (b), end (c).				INTERVAL BETWEEN
ı		H WAS CAUSED BY:	Bonchal	melinani	a		ONSET AND DEATH
1	400	DUE TO					
1	Conditions, if any	(3)	Vylmoning	englissen.			Menso
١	geve rise to immedi	ate ceuse	Cerebral vase	ulalaccident	to, new	rent_	Juean
ı	(a), stating the uncouse last.	nderlying	arterioselera	ter heart	house		years
I	PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PA	
I	PI						PERFORMED?
1	PART II. OTHER PART II. OTHER PART III. OTHER PART III		DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury i	in Pert I or Pert II of it	em 18.)	1.0
1	OR CONTRIBUTING	MEDICAL EXAMINER)					
	20c. TIME OF INJU	RY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fa	erm, ! 20f. (City or to	own) (Co	ounty) (Stete)
١	20c. TIME OF INJU Hour a.m.		While Not While at work at work	actory, street, office bldg., e	otc.)		
I	-		0 0		1056. 7	2 - 17 - 1	(3) (1) (1)
I	The second second	- 1	attended the deceased from 1962, and the				9.6. 2that (I) (we) la
I	saw the deceas	ed alive on	.7	at death occured at.		e causes and on	the date stated above
1	ZZe. SIGNATURE	11 nm	1 1	ATTENDING		TAFF	9 March 1962
١	22c. PHYSICIAN'S	X4 1V11	Janun	M.D. PHYS. 22d. ADDRESS	DIRECTOR PI	HYS. L	/ March 1/02
1	NAME (Type)	Rex R. Marti	in. M. D.		rket St.	Frederick	, Maryland
	220 RIDIAL CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER			N (City, town or cou	
1	REMOYAL (Specify)		Providence			wn, Maryla	
	24 FUNERAL DIRECTOR	W. Un	anil anness		REC'D BY REGISTRAR		
41			Willes Agent				
ı	M. R. Etc	Hison a son,	Frederick, Mary	Lard	IAD 2 1 162	Callun 8	Health

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	DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH 03207
(ME)	1. PLACE OF DEATH •. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmissio e. STATE b. COUNTY Frederick
after dea	b. City or town (if outside corporate limits, rite RURAL end sire nearest fown) Rural c. LENGTH OF STAY IN 1b 25 yrs	c. CITY OR TOWN (It outside corporate limits, write RURAL end give neerest town) Thurmont R.D. 2
ra X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Own Home	d. STREET ADDRESS o. IS RESIDENCE ON A FARM YES NO
nin 72 ho		r. Lest A. DATE Month Day Yeer OF DEATH March. 26-1962 19
ent, with	Male White WIDOWED DIVORCED M	DATE OF BIRTH arch 13-1907 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last bighday) 55 yrs. Months Days Hours Min.
any year	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Farmer 13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) Frederick Co. MD 14. MOTHER'S MAIDEN NAME
nd in	Martin J. Kaas	Charity Dubel
f. Inen smoval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgivewerordelesofservice 19-20-2776) M 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	NFORMANT rs. Bernadette Kaas Thurmont, Md.
the burial-transif pe	(e), stating the underlying Cause lest.	inome lings takent wall onset and death onset
or to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING MEDICAL EXAMINER	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
ed for u		. (Enter neture of injury in Pert I or Pert II of item 18.)
e detach		CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ory, street, office bldg., etc.)
State Der		death occured 1055 A. Mom the causes and on the date stated abo
ith the	22c, PHYSICIAN'S	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS
od ×	NAME (Type) W.R. Cadle	Emmitsburg, Maryland
director be file	Burial, Cremation, 23b. Date thereof 3-29-62 St. Anthony	Cemetery Nr. Emmitsburg Fred. Co.
	24 EMINERAL DIRECTOR'S ATGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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fingroom, it	Mrs. Permadette Lass		
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03214

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Trederick Lifetime	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) // Frederick
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital	d. STREET ADDRESS 705 East South Street e. IS RESIDENCE ON A FARM? YES \(\subseteq \) No \(\subseteq \)
3. NAME OF First Middle (Type or print) Ruth Addessa K	emp Lost 4. DATE Month 15, Day Year Pear DEATH March 15, 19 62
Female White WIDOWED DIVORCED	8. DATE OF BIRTH Octo 20, 1897 9. AGE (In years less birthdoy) Anoths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife None 13. FATHER'S NAME	TRY 11. BIRTHPLACE (State or foreign country) Frederick County, Md. 14. MOTHER'S MAIDEN NAME
Samuel Stup	Addessa Null
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	• Charles L. Kemp 705 E. South St. Fred. Md
Canditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost. DUE TO (b) Hypertania (c)	ebeal Hemondage Onse and Death
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Lenter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fary, street, affice bldg., etc.)
22a. SIGNATURE	eath accurred at 3/M, fram the causes and an the date stated abave. ATTENDING MED. DIRECTOR PHYS. 3-16-1962 SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Sr. M.D.	22d. ADDRESS
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL 3-17-1962 Mt. Olivet C	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS RObert E. Dailey & Son Frederick, M	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 1 9 '62 Cutting & Known

03234 DAMPINE Traines die Tit Settlera discreber: French dant four POY Inches Introde delimited Huth Milenes Kemp Mirch 15. Secule Matte Market Market Cot. 20, 1897 Gb Houselife Home Product County, 14. [.B.4. Light spaceble oute Learne no - - 217-16-7454 Mr. Charles L. Meno 705 & Bouts Mr. Tec. Self-al-C gr. H. O. Thomas, Sr. H.D. 825 Hores Maries Street Street The last to the first term of the contract of in the first of th

15M 9/60

DIVISION OF STAT	ISTICAL RESE	CERTIFICATE			ORE 1, MARY	LAND 2200
b. CITY OF DEATH b. CITY OF TOWN (if outside cornwrite RURAL and give neares Frederick—Rural	porata limits,	c. LENGTH OF STAY IN 1b	a. STATE Mary	ICE (Where deceased lived, If Land b. COUI (If outside corporate limits, write	Frederi	ick
d. NAME OF HOSPITAL OR INST Bethel Road		1 Year Dispilal, give street address)	d. STREET ADDRESS	derick-Rural RI del Road	#3	a. IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR	First IRENE	Middle ELIZABETH	KIMMEL DATE OF BIRTH		Day	Year 19 62 IF UNDER 24 HRS.
Female Whi	te widow	ED K DIVORCED 1	3 Oct 1878	last birthday) 83 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give ki dona during most of working life, ev HOUSE-WORK 13. FATHER'S NAME	nd of work ren if retirad)	At Home	Nr. Jeffer 14. MOTHER'S MAIDEN	son, Md.	USA	OF WHAT COUNTRY
Lewis Baker 15. WAS DECEASED EVER IN U.S. A (Yas, no, or unkown) (Ifyas givewar No	RMED FORCES? 16		Sopha S.			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	CAUSE (a)	Uremen		desease	2.	drs+
PART II, OTHER SIGNIFICATION PART II, OTHER SIGNIFICATION OR CONTRIBUTING CAUSE OF CONTR	VING 20b. DE	NTRIBUTING TO DEATH BUT NOT		R:		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month Hour a.m. p.m.	h, Day, Year 20d. Whil	le Not Whila facto	CE OF INJURY (Homa, farry, street, office bldg., etc		(County)	(Stata)
21. I certify that (I) (the saw the deceased alive of 22s. SIGNATURE	is hospital) after on	nded the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS	5PM, from the causes MED. STAFF DIRECTOR PHYS. rket St., Fred	and on the da	22b. DATE
1	DATE THEREOF	Pleasantview C	emetery	Nr. Burkitts	ville, Mo	
M. R. Etchison	& Son, Ar	rederick, Maryla		C'D BY REGISTRAR 25b. RE	Citthey S. Kra	

MARYLAND STATE DEPARTMENT OF HEALTH

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BUS18:11-11-11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03216 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution; Residence before admission) a. COUNTY b. COUNTY Frederick Maryland 1 5 T MARYLAND Frederick by th b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva nearest town) Since 3/8/62 Frederick R.F.D. # 5, Frederick, Maryland E after filled ir Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Bowers Road Frederick Memorial Hospital YES NO X completely 3. NAME OF Middle 4. DATE Month Day DECEASED OF (Typa or print) DEATH 62. 19 George Joseph Kline March and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED | Male August 20,1917 White physician ove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? 9 dona during most of working life, even if retired) U.S.A. Printer Marken & Bielfield Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Mary A.Weeks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatasofsarvica) Mrs. Marion V.Kline, R.F.D. #5, Frederick, Md. 214-10-1985 Yes W W #2 18. CAUSE OF DEATH [Entar only ona causa per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY physi IMMEDIATE CAUSE (a) burial-transit DUF TO Conditions, if any, which (b) gava risa to immadiate causa DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? certifical 30 YES X NO 1 use 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Day, Year Not While factory, straat, offica bldg., atc.) While Hour a.m. at work at work D. m DIRECTOR 21. I certify that (I) Ithis hospital) attended the deceased from 12. 19.61, to 3123 1962 that (1) (m) last 19 2 and that death occurred at 7. A.M., from the causes and on the date stated above saw the deceased alive on..... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED X DIRECTOR PHYS. FUMERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Nelson G.Goodman.M.D. 810 Toll House Ave. Frederick, Maryland. filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) - d Frederick, Maryland. 0 Burial Mount Olivet Cemetery MADDRESS COLO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. House DATE MAR 2 7 '62 15M 9/60 M.R. Etchison & Son, Frederick, Maryland

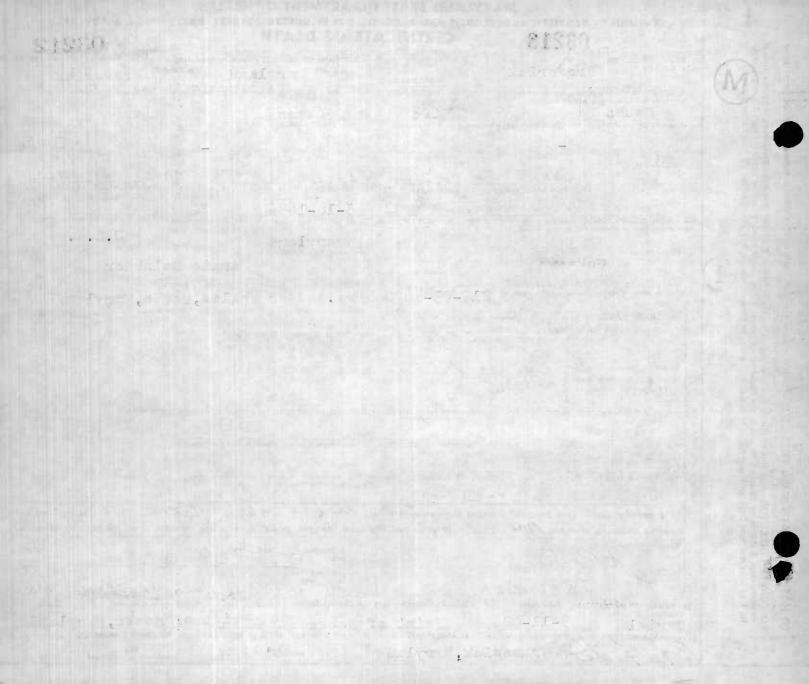
OTSELD Sance 3/8/22 | S.F.C. | Syffrongiloz. May land ENGLY AND THE PLANT HOUSE LIVE THE TOTAL PROPERTY OF THE LOCAL PROPERTY OF THE PROPERTY OF T and the second of the second of the THE PARTY CAN . Whalfelm, Moith own ave Bands flor old Mel son C. Manuart. . L. L. 3/25/60 Magno, 14v & Leavery Preceived. 1742 Mandel. hmigral diotroes, reservoir, 2.1

		DIVISION OF STATISTICAL RESEARCH AND RECORD		E 1, MARYLAND
		03217 CERTIFICA	TE OF DEATH	03211
		Place of death County Frederick Maryland	2. USUAL RESIDENCE (Where deceased lived, If instite a. STATE b. COUNTY Mary (and tred	evick
		c. CITY OR TOWN (if outside corporate fimits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RUF	
1	•	Frederick NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	X Route -# 1 d. STREET ADDRESS	e. IS RESIDI
V	3.	NAME OF DECEASED Memorial Hospital Middle DECEASED	Lest 4. DATE Month OF	Dey Yeer
l		(Type or print) Baby Boy LAN.	SDUNE DEATH March	7 19 6
	1	Male white widowed Divorced	March 6,1962 yrs.	nths Days Hours N
	10a. dor	USUAL OCCUPATION (Give kind of work to during most of working life, even if refired)	RY 11. BIRTHPLACE (County & State, or foreign country)	2. CITIZEN OF WHAT COU
ı	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Wayne Lansdowne	Kathrun Jewell	
	1S. (Yes	Wayne Lansdowne WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 18. No. or unkown) (Ifyesgivewerordalesofservice)	INFORMANT	
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		I INTERVAL BÉTW
		PART I. DEATH WAS CAUSED BY: Death was caused by: Subarach noid h	smarchace	ONSET AND DE
ú		760 MMEDIATE CAUSE (a) DUE TO	correct 2	
		Conditions, if any, which \ (b) ANOXIA		
		gave rise to immediate cause (e), stating the underlying DUE TO		24 615
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
2	CERTIFICATION		ST RELATED TO THE TERMINAL DISEASE CONDITION SIVEN	PERFORM YES N
	SE		D. (Enter neture of injury in Part I or Part II of item 18.)	1 100
6	CER	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (S
	WED	Hour a.m. p.m. 19 While Not While et work et work	, , , , , , , , , , , , , , , , , , , ,	
		21. I certify that (I) (this hospital) attended the deceased from.		
		saw the deceased alive on 7 May 19.62, and that		
		220. SIGNATURE) The dul	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2 mas
	N	22c. PHYSICIAN'S NAME (Type) F.J. HELDRICH	FREDERICK, MD.	
	220	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	100000000000000000000000000000000000000	r county) (Stet
		DEMOVAL /Specific	emorial Hospital, Frederic	
	24	JUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederic	25a. REC'D BY REGISTRAR 25b. REGIST	
	. /	David Nouverlated Frederic	ck, Md. DATE MAR 13'62 Chilling	1 S. Krana

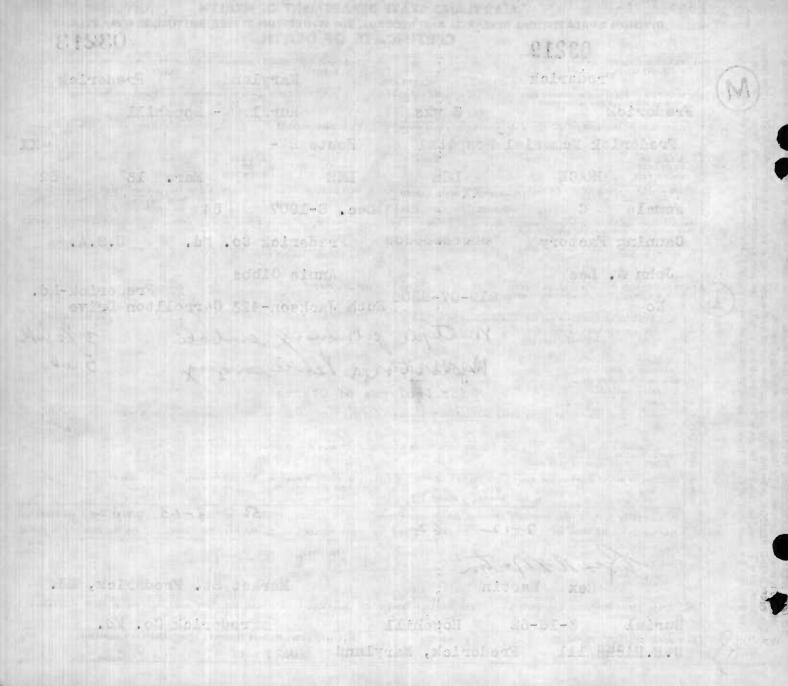
Creekston 379752 Frederick Fronts Hospital, Frederick, Till

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03218 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution, Residence before admission) a. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .= Doubs Life Doubs filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH MARCH 1962 LAWSON DELAUDER carbon AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Unknown Annie Delauder ā law requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyesgivawarordatesofservica) Mrs.Rodger Whalen, Doubs, Maryland permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) DUE TO HCUD (6) gave risa to immediata causa DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? use prior NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enlar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, straat, office bldg., etc.] Whila Not While Hour a.m. at work at work DIRECTOR: march 1963 MARCH, 1962 that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MARCH & 19.6.2, and that death occured at RRM, from the causes and on the date stated above 22a, SIGNATURE SIGNED STAFF DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNER NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF D ig & REMOVAL (Spacify) Point Point of Rocks Rocks. Marvland Suria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Brunswick, Maryland DATEMAR 1 3 '62 artiner & House

RYLAND STATE DEPARTMENT OF HEALTH



	03219 CERTIFICA	ATE OF DEATH 03213	
	1. PLACE OF DEATH 2. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmissi e. STATE Maryland b. COUNTY Frederick	on
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Frederick 3 wks		
,9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDEN ON A FAR.	M?
	Frederick Memorial Hospital 3. Name of First Middle	Route 2 - YES NOX	
	(Type or print) GRACE LEE	LEE DEATH Mar. 13 1962	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 8-1907 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min	-
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canning Factory	TRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT Frederick Co. Md. U.S.A.	RY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 219-07-8206	Annie Gibbs INFORMANT Address Frederick-Md.	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Multiple	Suth Jackson-423 Carrollton Drive Whomany emboli The Surgery Se of Uterus Suth Jackson-423 Carrollton Drive INTERVAL BETWEEN ONSET AND DEATH 3 /2 W/s 5 w/ks	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED! YES NO [
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Pert II of item 18.)	
		LACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City or town) (County) (State)	
	/ _	n	
	22c. PHYSICIANS AMORTON	M.D. ATTENDING MED. STAFF SIGI	NEI
1	NAME (Type) Rex Martin	Market St. Frederick, Md.	
173	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER Burial 3-16-62 Hopehill	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) Frederick Co. Md.	
1	DOLLAR OLD ON THE STATE	258. REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE	

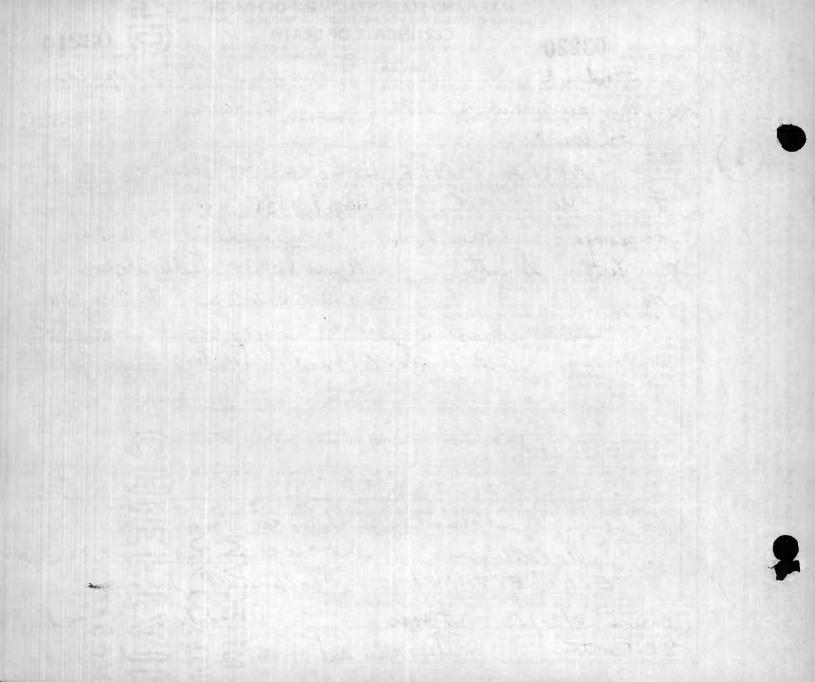


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	02220 CERTIFICA	ATE OF DEATH	03214
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce befare admission)
	Frederick MARYLAND	maryland b. COUNTY Free	terick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest tawn)
	Monorage Hall Mursey House &d.	X Te Gore	
	d. NAME OF HOSPITAL (If not in hospital, give stree oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	FREderick		YES NO
3	NAME OF DECEASED Middle	Last 4. DATE Manth	27 1962
-	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
ľ	SEX (6. COLOR OR RACE) 7. MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED	C d ida - lost birthdoy) Months	Days Haurs Min.
1	Og. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IND	USTRY W/BIRTHPLACE (State or foreign country) 12.CITI	ZEN OF WHAT COUNTRY?
T	during most of warking life, even if retired)	200	CA
1	3. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	3.4.
1	John Litte & the	au Victoria Laduida	20
1		INFORMANT Address	1
	Yes, no, or unknown) (If yes, give war or dates of service)	n. William C. Jo. Yors - Tely	ore ml.
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	150'	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	cardial jusporation	10 mounts
	DUE TO	10 00 1	saveral
1	Conditions, if any, which) (b) Cettere low	the caroles - vorustas desion	yeare
	gove rise to immediate cause (a), stating the <u>under-</u>		
2	lying cause lost. (c)	TANCT DELATED TO THE TEXT OF THE TANCE OF TH	TIVILID NAVAS AUTORSV
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter noture of injury in Port I ar Part II af item 18.)	
		PLACE OF INJURY (Hame, farm, 20f. (City or tawn) octory, street, office bldg., etc.)	County) (Stote)
	Haur a.m. P. m. 19 While Nat while at wark of work		
	21. I certify that (I) (this hospital) attended the deceased from	July 4 1957, 10 March 27, 196	that (1) (we) lost
	sow the deceased olive on hand 231962, and that	death occurred of MM, from the causes and on the	
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	22c PHYSICIAN'S	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22d. ADDRESS	7 march 18
	NAME (Type) E. A. DETTBARN	Wallinville, Wid	
-	30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	Burial 3/30/62 Int Hope	Woodsboro	mo
1	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
-	J.C. Baron walkersvill	e. M. DATE MAR 3 0 '62 arthur S.	Trave



FOR STATE HEALTH DEPT.

ecessary, please director. Page Durial-transit permit. File pages I and 2 with the State Board of Health, or removal, and in any event within 72 hours ofter death. its designoted agent, prior to burial, cremotion,

A should be for Erded TO FUNERAL DIRECTOR:

SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	032	21 ME	DICA	L EXAMINE	R'S	CERTIFIC	ATE OF	DEATH	Reg.	Dist Na	201	15
1.	PLACE OF DEATH	erick		MARYLA		o. STATE Mar	E (Where dece		tution: Resi			ission)
	b. CITY OR TOWN (If and give nearest town) Frederic	•	RURAL	c. tength of stay in Life	16	. /	N (If outside co	rporote limits, write				iwn)
		h Carroll S		oital, give street address)		d. STREET ADDRE		Carroll	Stree	t	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	COLE		JOSEPH	LI	DIE, JR.	4. DATE OF DEATH	Mon Ma	arch	Doy		Yeor 1962
5. 5	Male	White	WIDOWED	tuel tank	6			9. AGE (In years lost birthday) 64 yrs.	Months	R IYEAR Doys		Min.
	n. USUAL OCCUPATION during most of working stired—Eng	g life, even if relired)		IND OF BUSINESS OR INI	DUSTRY	Frederi				USA	F WHAT	COUNTRY
13.	Coleman J	. Lidie, Sm	C •		1.	Sarah M						
[Ye		ER IN U. S. ARMED FOI (If yes, give was ar datas of	service)			· Margare	t A. Li	Addres die (Same		item	#1)	
	PART I. DEAT	liote cause	Ger	0	m	nd st4	imple			INTER	TYAL BETWEET AND DE	Les
CERTIFICATION				NTRIBUTING TO DEATH B					IVEN IN PA			AUTOPSY PRMED? NO 🔀
	PRIMARY FOR CONCAUSE OF DEATH.	TRIBUTING []	17	shat www			Part I or Part I	of item 18.)	-d			
MEDICAL	20c. TIME OF INJUR Hour p. m.		20d. II While	NJURY OCCURRED 20e.	PLACE		etc.)	desick :	Tracke	ounty)	2	(State)
				emoins described ouses , Accide	_			Inspection 🔀	, Inqu ermined	manne		id in my
	ACTUAL SIGNATURE	Both	2212	ne	^	1.0.	L EXAMINER				DATE S	SIGNED
	EXAMINER'S	B. O. Thoma	as. M.	D.			AL EXAMINER		16 M	arch	196	2

22d. tOCATION (City, town, or county)

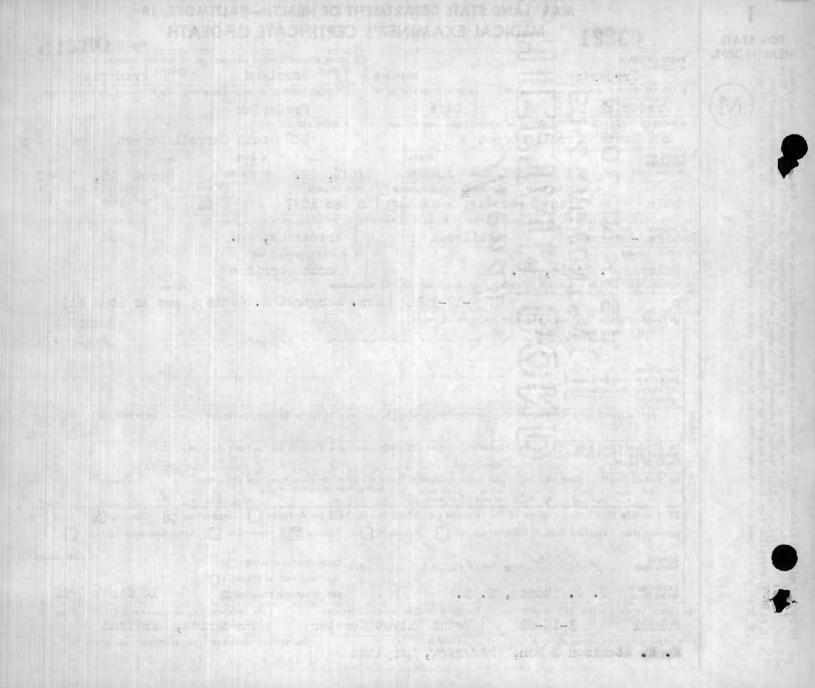
(Stole)

220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL Specify 3-18-62 22c. NAME OF CEMETERY OR CREMATORY Burial Specify 3-18-62

23. FUNERAL DIRECTOR'S SIGNAPOR & Son; Mount Olivet Cemetery 240. REC'D BY REGISTRAR

Frederick, Maryland 24b. REGISTRAR'S SIGNATURE

Chilling S. Finnes



TO HOSPITAL

VR A15 (4) 15M 9/59

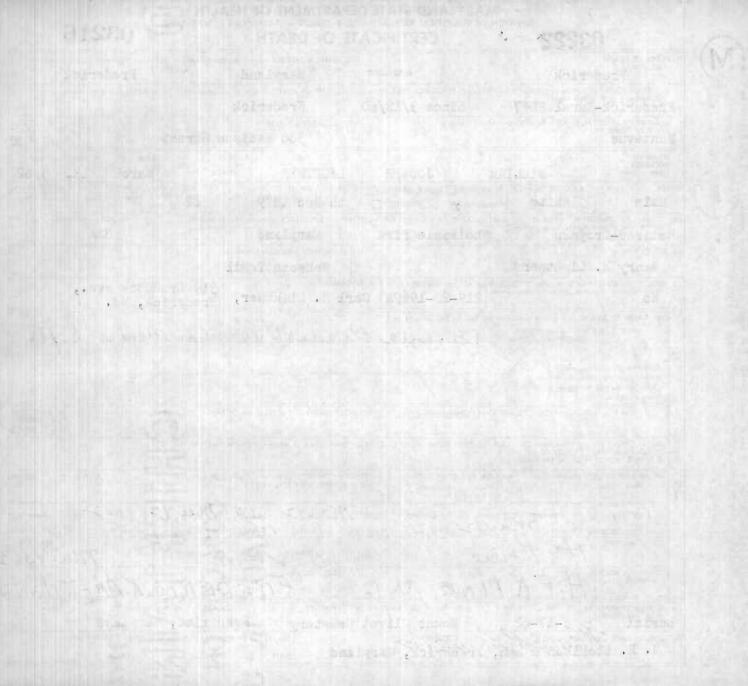
MARYLAND STATE DEPARTMENT OF HEALTH

63222

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	J. C. Ang San Land					
1. PLACE OF DEATH a. COUNTY Free	derick	MARYLAN	2. USUAL RESIDENCE (W		institution: Residence bootstranger	
b. CITY OR TOWN RURAL ond give Frederick	(If outside carporate limits, v nearest town) RD#7	since 3/12/6		outside corporate limits	, write RURAL ond give	nearest town)
d. NAME OF HOSP OR INSTITUTION Montevue	ITAL (If nat in haspital, give	street oddress)	d. STREET ADDRESS 366 Ma	adison Stre	et	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WILLIA	Middle JOSEPH	LIGHTNER	4. DATE OF DEATH	March	Day Yeor 13, 1962
5. SEX Male	White w	MARRIED NEVER MARRIED DOWED DIVORCED	14 Dec 1879		In yeors IF UNDER 1 Y Months Do yrs.	EAR IF UNDER 24 HRS ys Hours Min.
10a. USUAL OCCUPAT during mast of wo Retired—Dr	rking life, even if refired)	10b. KIND OF BUSINESS OR IN Wholesale Firm	DUSTRY 11. BIRTHPLACE (Ston		12. CITIZEN USA	OF WHAT COUNTRY
13. FATHER'S NAME	7 . 1 .		14. MOTHER'S MAIDEN			
	Lightner		Rebecca I			
(Yes, no. or unknown)	(ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		Carl H. Lightr		raddöck Ave rick, Md.	• ,
Conditions, if gove rise to cause (a), stoting lying cause last	the under-					
PART II. OT	THER SIGNIFICANT CONDITI	ons <u>contributing to death</u> !	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	TION GIVEN IN PART 1(PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	Port I or Port II of iten	n 18.)	
ZOc. TIME OF INJU Haur a. m. p. m.		20d. INJURY OCCURRED 20e. While Nat while at work at wark	PLACE OF INJURY (Home, far factory, street, affice bldg., et		(Cour	nty) (Stote
21. I certify th	w -	ttended the deceased framult 12 1962 and that	n. Max/2 19 t death accurred at 10			That (I) (we) last
22o. SIGNATURE	HAKRU	ie	ATTENDINGA	AED. STAFF DIRECTOR PHYS.	. 7	Vac 136
22c. PHYSICIAN'S NAME (Type)	H.F.KI	INE MI	22d. ADDRESS	FRER	ICK.M	ATTYLAN
23a. BURIAL, CREMATI REMOVAL (Specify Burial	3-17-62	23c. NAME OF CEMETERY Mount Olive	or CREMATORY	23d. LOCATION (City Frederick	, town, or county) Maryland	(State)
M. R. E		Frederick, Mar		MAR 1 5 '62	Sb. REGISTRAR'S SIGNA Chilling of	



	1	PLACE OF DEAT	032	40			CATE OF I		Mhara dagaasa	d lived, If Institu	tion: Basidan	ce hafore ed
		. COUNTY				**********	a. STATE	MAd	A uete decesse	b. COUNTY	F	Stral
		 LITY OR TOWN 	CICK (if outside co	proporate limit	s, c.	MARYLAI LENGTH OF STAY IN		R TOWN (If out	side corporate I	imits, write RUR	AL and give	nearest town
0		FREDER	RICK	st fown)	3	5 hours. 501	min	mx.	Acres			06X.
7		d. NAME OF HOS	PITAL OR INS	TITUTION (H	f not in hospitet,	give street eddress)	d. STREET	ADDRESS	V			e. IS RES
1	3.	PREDER NAME OF	MEK	Memo	RIAL	HOSPITA1	/ Last	14	DATE	Month	Dey	YES T
1		DECEASED (Type or print)	51.	10 10	FI	2001000	LON	1	OF DEATH	mary	Q 7	196
	5.	SEX	6. COLO	R OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRT	Н		(In years IF UN		IF UNDER 2
	7	EMAle	Whi	te	WIDOWED	DIVORCED	18/8/6	2,	16.51	birthday) Mon	nths Days	5 Hours
		. USUAL OCCUPA				OF BUSINESS OR INC	DUSTRY 11. BIRTHPL	ACE (County &	Steta, or foreig	n country) 12	2. CITIZEN O	F WHAT CO
-	12	FATHER'S NAME	-				FREDE	RICK MAIDEN NAM	MARYI	AND	u.	5.
	-	7			10	.10	A/A	MAIDEN NAM		Hoom	211	
	15.	WAS DECEASED					17. INFORMANT	24	0 5	Address	1	
	(10	s, no, or unkown)	(If yes give wa	er or dates of se	ervice)		Has	heta	& Re	cona	4	
			DEATH (Ent		cause per line fo	or (e), (b), end (c).]	700	100	do de	4		TERVAL BETW
				USED DI:								
		7	IMMEDIATE		1	muna	elevety	(ben	of my	7.01		5 Aus
T		77	X	DUE TO		mma	elevety	(ben	of un	7.0)		5Aus
T		Conditions, if a gave rise to imme	ny, which	DUE TO	1	mma	elunety	(ben	okw	7.0)		5As
		Conditions, if a	ny, which	DUE TO		mma	lunety	(ben	oe w	2-0)		5An
0	NOI	Conditions, if a gave rise to imme (a), steting the cause last.	ny, which diate cause underlying	DUE TO (b)_ DUE TO (c)_	TIONS CONTRIB		UT NOT RELATED TO	THE TERMINAL D	DISEASE COND	ITION GIVEN IN	N PART 1(e) 1	5 AVA
)	FICATION	Conditions, if a gave rise to imme (a), stelling the cause last. PART II. OTH	ny, which diate cause underlying	DUE TO (b) DUE TO (c) ANT CONDIT		UTING TO DEATH BE	UT NOT RELATED TO					PERFOR
0	CERTIFICATION	Conditions, if a gave rise to imme (a), steting the cause last.	ny, which diate cause underlying less SIGNIFICA	DUE TO (b) DUE TO (c) ANT CONDIT		UTING TO DEATH BE	✓					PERFOR
	- 1	Conditions, if a gave rise to imme (a), steling the cause last. PART II. OTH 20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL	was underlying G CAUSE Y MEDICAL	DUE TO (b) DUE TO (c) ANT CONDIT	20b. DESCRIBE	UTING TO DEATH BUTTER TO THE BUTTER TO THE BUTTER BUTTER TO THE BUTTER B	UT NOT RELATED TO	t injury in Pert I		m 18.)		PERFOR YES N
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	- 1	Conditions, if a gave rise to imme (a), stelling the cause last. PART II. OTH 20e. ACCIDENT OP. CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m	was UNDERLE CAUSE WAS UNDERLE CAUSE WAS UNDERLE WAS UNDERLE JURY Mon	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER) with, Dey, Yee	20b. DESCRIBE	UTING TO DEATH BUTTER TO THE PROPERTY OCCURRED Not White of work	UT NOT RELATED TO	t injury in Pert I Home, ferm, 2 bldg., etc.)	or Part II of ite	m 18.)	(County)	PERFOR YES N
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	- 1	Conditions, if a gave rise to imme (a), steling the cause last. PART II. OTH 20e. ACCIDENT OP CONTRIBUTIN (IF EITHER, NOTIL Hour a.m. p.m.	was underlying WAS UNDERL G CAUSE Y MEDICAL JURY Mon that (I) (±) ased alive	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER) 19 bis hospit	20b. DESCRIBE	UTING TO DEATH BUTTER TO THE PROPERTY OCCURRED Not While et work with the deceased fighter than	CURED. (Enter neture of the PLACE OF INJURY of factory, street, office that deeth occur	Home, ferm, 2 bldg., etc.)	or Part II of ite	wn) Causes and	(County)	PERFOR YES N
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	WEDICAL WEDICAL	Conditions, if a gave rise to imme (a), steling the cause last. PART II. OTH 20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATURI (Typ. 1987) 22c. PHYSICIAN NAME (Typ. 1987) BURIAL, CREMAREMOVAL (Special Control of the cause of the	was underlying IER SIGNIFICA WAS UNDERLY G CAUSE Y MEDICAL JURY Mon that (I) (± ased alive	DUE TO (b) DUE TO (c) ANT CONDIT ANT CONDIT ANT CONDIT OF DEATH EXAMINER 19 bis bospit on DATE THER	20b. DESCRIBI	E HOW INJURY OCC. RY OCCURRED 200 Not While et work 100 the deceased from 19.44 and	CURED. (Enter neture of the PLACE OF INJURY (factory, street, office that deeth occur attended to the period of the period o	Home, ferm, 2 bldg., etc.) 196 ed et. MED. DIRECTORESS	or Part II of ite Of. (City or to	wn) AFF YS. (City, town or	(County) 1962 I on the de	PERFORI YES N
	WEDICAL WEDICAL	Conditions, if a gave rise to imme (a), steling the cause last. PART II. OTH 20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATURI 22c. PHYSICIAN NAME (Typ.	was underlying IER SIGNIFICA WAS UNDERLY WAS UNDERLY MON That (I) (± assed alive	DUE TO (b) DUE TO (c) ANT CONDIT YING OF DEATH EXAMINER; 19 bis bospit On DATE THER 3/9/66	20b. DESCRIBI	E HOW INJURY OCC. RY OCCURRED 200 Not While et work 100 the deceased from 19.44 and	CURED. (Enter neture of factory, street, office that deeth occur attack). M.D. ATTENDIN PHYS. 22d. ADD	Home, ferm, 2 bldg., etc.) 196 ed et. MED. DIRECTORESS JOSPILA	or Part II of ite Of. (City or to Ton ST TOR PH d. LOCATION 1, Free	wn) AFF YS. (City, town or	(County) 1962 I on the di county) Md.	PERFORITION (S) (S) (S) (A) (A) (A) (A) (A)

to the first doctite mords I morativity (book et 2.0) RLG WELT 6 Wind St. Frederick A The state of the brook in the state of the Erederick, die . Morrabers

03224 FOR STATE HEALTH DEP

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03218 Reg. Dist. No.

1.	PLACE OF DEATH	ick		MA	RYLAND	2. USUAL RES	Mary.			f institu		dence bef		
	b. city or town in a god give coorest town) Frederic	outside corporale limits, write	RURAL	E. LENGTH OF STA	Y IN 1b	c. CITY OR		aulside cor	porale limit	s, write	RURAL of	nd give n	earest to	own)
6	d. NAME OF HOSPITA W.All SE	i or institution (i lints St	1	pital, give street odd bershop)	ress)	d. STREET		l Sai	ints	St			ON	RESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Melvin	18	Middle Russel	1	Lyles		4. DATE OF DEATH	i di	Month	rch	Doy 20		Year 19 62
	Male	6. COLOR OR RACE	7. MARRIE		-	DATE OF BIRTH			9. AGE In lost birthd	years ay) yrs.	IF UNDE Months	R 1YEAR Days	IF UND	DER 24 HRS. Min.
100	during most of working Barber	N (Give kind of work of life, even if retired)	_	arbersho		20	ylan		country)			TIZEN OI		COUNTRY?
	Ernest Ly	7les				14. MOTHER'S Bess		homps	son					
15	. WAS DECEASED EVE		tervice)	SOCIAL SECURITY NO		FORMANT Alber			1	Address 22		rede		k,Md St
	892, Conditions, if an gove rise to immedi (a), stating the vi-	ole cause		Carbon Mo	noxic	ie pois	oning	3				HO	ur?	
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON		ENTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	DN GIV	EN IN PA		PERFO	AUTOPSY DRMED?
	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING No	inju	ry. Inha	hile	ter neture of in sleepi carbon	ng li	n bar	ber s	nop	aft as h	er i	t c	losed
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yea	While		factor	e OF INJURY (I y, street, office arber s	bidg., etc.)		or fown) deric	k	_	red.		(State) Md.
		at I taok charge esulted from: N		-				√ ☑, lı lomicide	nspection U		Inqui	manne		d in my
	ACTUAL SIGNATURE EXAMINER'S	BOTher	rea			ASSISTA		L EXAMINE	-			3-	DATE:	62
22	NAME (Type) B - BURIAL, CREMATION REMOVAL (Specify)	. O . Thoma		22c. NAME OF CEMI	ETERY OR C			22d. LOCA	TION (City.	tawn, c	ir county)		(Stat	•}
23.	Burial FUNERAL DIRECTOR'S	3-23-62 SIGNATURE		Ebene ADDRESS	ezer		24a. REC'D	Cer BY REGIST	RAR 246		e F			Md
	C.E. Hi	cks 111		Frederic	k, Md		DATEGON	0 2 10	,	11.1	2 8	thouse		

TO DEPUTY M(2). EXAMINER: This certificate should be executed within 24 hours after death. If any delay, tessary, please execute that.

2. withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the four. Insector. Page 4 should be forwarded to the Chief Medical Examiners: Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

MADE THE STADE TO STADE OF THE OF THE

hin 24 hours after

The law requires that the death certificate be

filled in Pages

physician and

attending

hospital or attending physician. certificate has been signed by the r use as the burial-transit permit. T

detached for use as

After this of Health

DIRECTOR:

prior

please remove

within 72 hours after completely carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO STREET, BALTIMORE 1, MARYLAND

	03225	CERTIFICATE	OF D	EATH			(032	219)
1. PLACE OF DEAT	rh		2. USUAL	RESIDEN	CE (Where de	ceased lived, If	Institution	Residenc	e before	admissio
_	rederick	MARYLAND	e. STATE	Marvl	and	b. COUN		der	ick	
b. CITY OR TOWN	l (if outside corporate limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY C			rate limits, write				wn)
Frederic		Since 2/12/62	Abunanya w	e Kil	n					
	PITAL OR INSTITUTION (if not in		d. STREET	ADDRESS						A FARM
3. NAME OF DECEASED	First	Middle	Lest		4. DATE	Month	1	Dey	Yea	or a
(Type or print)	ROY		Meabee		OF DEATH	Mare	7	14	19	62
5. SEX	White Wide		3 June	18 99		AGE (In yeers last birthday) 62 yrs.	-	YEAR Deys	IF UNDE	R 24 HRS
loe. USUAL OCCUPA done during most of w Self—Emplo	vorking life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY				oreign country)	12. CIT	USA	F WHAT	COUNTR
Joseph	F. McAbee		14. MOTHER Eliza	S MAIDEN						
	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)		. Clar	M. L		Lindbe derick				
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).	HE F	ANCE	MAS				SET AND	
Conditions, if engeve rise to imme (a), stating the cause last.	ny, which (b)									
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE C	ONDITION GIV	EN IN PART	[1(e) 15		AUTOPSY ORMED?

DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)

CERTIFICATIO 2Da. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

MEDICAL

20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.

Not While et work at work

2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) factory, street, office bldg., etc.)

(County) (Stete)

NO X

21. I certify tha the deceased alive on.....

(this hospital) attended the deceased from...

DIRECTOR

and that death occured at A.M., from the causes and on the date stated above 16 March 1962 SIGNED

PHYSICIAN'S

eynolds Richard C. Reynolds MD

ATTENDING 22d. ADDRESS

East Church St., Frederick, Maryland

23e. BURIAL, CREMATION, 23b REMOVAL (Specify)
Burial

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City, town or county) Frederick

(State) Maryland

TO FUNERAL VR A15 (4) 15M 9/60

director, page 3 should be d

ADDRESS Frederick, Maryland

MAR 1 9 '62

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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AMERICAN ROBERT STREET BENEVALVE FROM TO SEE THE SECOND SE

H. M. Moddien ander, President, Carplane

MARYLAND STATE DEPARTMENT OF HEALTH

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(Stete)

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建筑了经济的政治工程的运动工程,401至71.575

Michael C. Stracks and C. Strack Co., In desire, Mr.

E June Jevel Jones

M. . toniagen & Con . redorios . S.M.

West TO FUNERAL I director, page 3 (a) be filed with the TO HOSPIT death. Page

6

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
03221 03221

	PLACE OF DEATH				2	. USUAL RESIDE	NCE (Where d	eceesed lived, If	institution: Res	idence before	admission)
a	. COUNTY	derick		MARYI	T T T T	e. STATE	hand	b. COU		1-	
b		f outside corporate limits	1	c. LENGTH OF STA		Maryla c. CITY OR TOWN			ederic.		
	write RURAL and	give neerast town)	·			C. CITT OK 10 III	(ii ouiside corp	Orete Illinis, Will	* KONNE alid û	ite liegiesi lot	W 11)
		ederick		12 days			- Myer	eville			
d	H. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospit	tal, giva streat addre	ess)	d. STREET ADDRES	S				A FARM?
		lck Memori	al H	of the second		Route	# 1			YES X	NO
	NAME OF DECEASED	First		Middle		Lest	4. DATE	Mont	h	Dey Yes	r
	(Type or print)	BESSI		MAY		ILLE	DEATH	Marci			62
5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. C	ATE OF BIRTH	1887	 AGE (In yeers lest birthdey) 	Months De		Min.
	female	white	WIDOWED	DIVORCED	De	ecember 2	23.70	74 yrs.	Woulur De	ys Hours	Min.
	USUAL OCCUPATI	ON (Give kind of work rking life, even if retired		D OF BUSINESS OR		II. BIRTHPLACE (Co	unty & State, or	toreign country)	12. CITIZE	N OF WHAT	COUNTRY?
	house		1	home		Freder	ick Co	Md.	U.S.	Δ	
13.	FATHER'S NAME		- 1122	2201110	14	. MOTHER'S MAIDE		• 170c •	.0.00	A. 4	
	Jan	nes Moser				Tda I	Dutrow				
		R IN U.S. ARMED FORCE		OCIAL SECURITY NO	O. 17. INI	ORMANT		Address	3		
(100	no	, ought of World Bold 301301		none	FA	gar S. Na	eille	Myersy	71776	Md. I	2t. 7
		EATH [Enter only one of).]	Day D . 110	********	Myorb	47770	INTERVAL BE	
		WAS CAUSED BY:	3	Small	· les	wel a	bestry	ation		ONSET AND	T.
	571	DUE TO									
	Conditions, if any	Process .		1,	16	concon					
	gava rise to immadia	ata cause		Con							
	(a), steting the ur	derlying DUE TO									
	ceusa lest.) (c)_									
8	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTI	RIBUTING TO DEATH	H BUT NOT F	ELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	VEN IN PART 1		AUTOPSY DRMED?
T-V										YES T	NO A
F.		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	RIBE HOW INJURY O	OCCURED. (E	nter nature of injury i	in Pert I or Pert I	l of item 18.)			
MEDICAL	Hour e.m.	RY Month, Dey, Yeer	20d. IN While et work	Not While at work		OF INJURY (Home, fe , street, office bldg., e		y or town)	(County	/)	(State)
		nat (I) (this hospita	l) attende	d the deceared	d from /	2 Mar	1967 10	22140	1061	7 that (1)	(und last
1.		ed alive on 22	/		na mar d	earn occured ara	R. F. J IVI, IFON	n ine causes	and on the		
	220. SIGNATURE	00 -				ATTENDING	MED	STAFF		221	SIGNED
	4	Main	en		M.D.	PHYS.	DIRECTOR	PHYS.			
	22c. PHYSICIAN'S NAME (Type)	JR Poil	RIEI	e		22d. ADDRESS 801 70	11 16	use A	ve F	rel.1	ud
23a.	BURIAL, CREMATIC	ON, 236. DATE THERE	OF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOC	ATION (City, to	wn or county)	(5	itate)
E	Burial (Specify)	Mar.24,1	1962	United	Bret	nern]	Myersv.	ille, I	red.C	o.Md.	
24	FUNERAL DIRECTOR	'S SIGNATURE '-	The	ADDRESS		25a. R	REC'D BY REGIS	TRAR 256. RE	GISTRAR'S SIC	SNATURE	
	Melle	Paul F. I	214+1	e Myrene	374 77	Md DATE	MAR 2 7 '6	2	noun S. 1	raus	
		TOUT L'	STORT	e, myar.	PATTI	Marie					

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Inderior James Indiana Indiana

TEBLIE MAY - WAILING 1957

Burgel Gr.24, 1952 United Brethern Myeraville, Fred. Co. Mr.

Lauf T. Elette, Myoreville, Id.

December 13.20 74

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housewile own home Frederick Co. Mt. U.S.A.

Teac | benefic

moy be republished to the spitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs ofter death.

death. Page 4

DING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hor

TO HOSPITAL

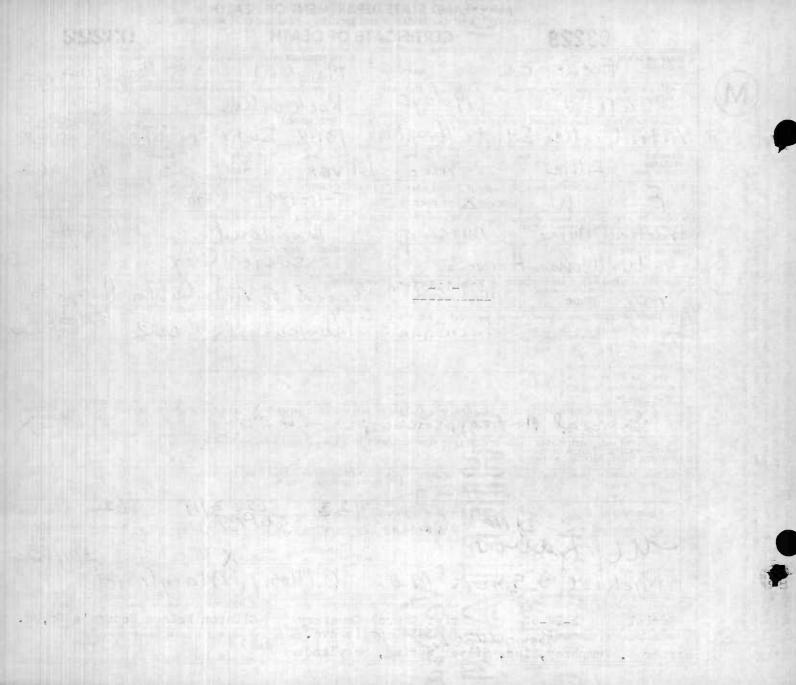
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

HICAL KESEARCH	AIAD	VECOVI	J3 —	DALIII
CERTIFIC	ATE	OF	DE	ATH

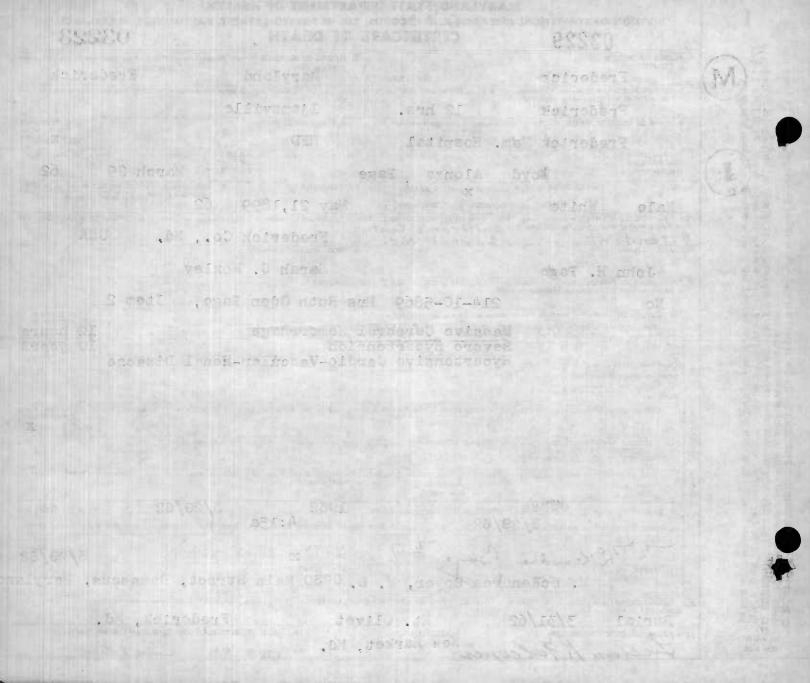
ľ	o. COUNTY Frederic	MARYLAND	o. State	ere deceased lived. It ins b. COU		one admission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give pregrest town)	write c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF O	utside corporate limits, wr	ite RURAL and give he	earest town) 0
	d. NAME OF HOSPITAL (If not in hospital, giv	tate Hospita	d. STREET ADDRESS	superior	ST	e. IS RESIDENCE ON, A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print)	mae Middle	Oliver	4. DATE OF DEATH	Month D	oy 1962
	T W	MIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 5-11-189	9. AGE (In yellast birthd)		R IF UNDER 24 HRS. Hours Min.
	Od. USUAL OCCUPATION (Give kind of work do guring most of working life, even if retired)	Mursing	Mary	land	12. CITIZEN C	S.A.
13	13. FATHER'S NAME WILLIAM F	layes	14. MOTHER'S MAIDEN'N	1		
	IS. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes. no, or unknown) (If yes, give wor or dates of sen		Record of	1 Victor Co	Men H	squ'tal
7	PART I. DEATH Enter only one countries of the countries o	Pulmonare	Tubercul	Cosis - 0	002	IERVAL BETWEEN ISET AND DEATH
53.	Jeneral Hr	terioscloro	sis - 4J	70		PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	0b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in t	ort for fort if or fiem to	.1	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19	20d. INJURY OCCURRED While Nat while at work	PLACE OF INJURY (Home, farm actary, street, affice bldg., etc.		(County) (State)
	21. I certify that (I) (this haspital) saw the deceased alive an	115- 15	1	M, fram the causes		hat (I) (we) last e stated abave.
	220. SIGNATURE JAV	es	M.D. ATTENDING ME	ED. STAFF PHYS.		3/11/6 SIGNED
	22c. PHYSICIAN'S PHYSICIAN'S AS COS. 2	-Avis M.D.	22d ADDRESS Cullen	Mar	yland	
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF BUTT 1 3-14-62	23c. NAME OF CEMETERY Christ Chure	The second second	23d. LOCATION (City, to Clinton Pri		(Stote)
	Warner E. Pumphrey In	end a 3 ADDRESS 434 Ge o			REGISTRAR'S SIGNATU	JRE



.5 Pages filled completely paper and cor ₹ * requires that the death certificate remove has been signe e burial-transit DIRECTOR: m FUNERAL filed v 0 VR A15 (4)

15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Ijamsville Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? RFD Frederick Mem. YES NO Hosnital 3. NAME OF Last 4. DATE Month DECEASED OF 1962 DEATH March 29 (Type or print) Boyd Alonza Page 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 62 yrs. Months Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Children's Center USA Frederick Co. . Md. ttendant aurei Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah C. Moxlev John H. Page 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Item 2 Mrs Ruth Oden Page. 214-10-5869 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN 12 hour PART I. DEATH WAS CAUSED 8Y: Massive Cerebral Hemorrhage hours IMMEDIATE CAUSE (e) Severe Hypertension vears DUE TO Hypertensive Cardio-Vascular-Renal Disaese Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work 21. I certify that (I) (Mis hospital) attended the deceased from 1952 19 to 3/29/62 19 that (i) 100 last 29/62 19 and that death occurred at 15%, from the causes and on the date stated above. saw the deceased alive on...3 22e. SIGNATURE SIGNED ATTENDING X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 9830 Main Street, Damascus, Maryland McKendree Boyer, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF (Stete)



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 03230 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY SALSTATEL b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Sabillasville .5 Sabillasville Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? At his home YES NO pletely 3. NAME OF First Middle DATE Day Month Year DECEASED Julian (Type or print) DEATHMarch 17--1962 Ratas Rataslewicz 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 20 5. SEX 1890 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and Hours Male WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? working life, even if retired) Cullen State Hosp. Poland FATHERIS NAME 14. MOTHER'S MAIDEN NAME death requires that the WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. | 17. INFORMANT Address no, or unkown) Sabilla sville, Agatha Ratas 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as o PERFORMED? prior NO L 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH may be retained.

DIRECTOR: After this
chould be detached it 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 1962 to 17 Mar 1964 that (1) (00) last A.M, from the causes and on the date stated above. Mach 1962 and that death occured at [1] SIGNATURE 22b. DATE ATTENDING ____ SIGNED DIRECTOR M.D. ADDRESS PHYSICIAN'S NAME (Type) Blue Ridge Summit. Pa. H. Young 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) A Fig Mt. Carmel Cem. Thurmont. Fredk.Co.Md 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 Thurmont, Md DATE

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Jun of War Mrs. Agetha Pates Gabillarville, Md.

Targe W. Tormes W. S. Blos Sides Surelt. 88.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY Frederick	M	ARYLAND 2. U	SUAL RESIDENCE (WH. STATE	and	ved. If institution b. COUNTY	Preder	ore admission)				
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	vrite c. LENGTH OF S		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) // Frederick								
	d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION BEAST Patr		1	STREET ADDRESS	ast Pat	trick St	reet	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF First DECEASED (Type or print) HOW		ddle Ri g	lost gles	4. DATE OF DEATH	March		Pay Year 19 62				
	The second secon	MARRIED NEVER MA		nown 1884	9.	AGE (In years last birthday)	Months Doys	R IF UNDER 24 HRS Hours Min.				
	100. USUAL OCCUPATION (Give kind of work do- during most of working life, even if retired) Retired Laborer		USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Berryville, Virginia 1.S.A.									
	Unknown 14. MOTHER'S MAIDEN NAME ????? Pierce											
	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of servi			Nettle Har	shman]	Addr 166 B &		Fred. Md.				
	1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o per line for (o), (b), and or wheall		mus Lez			IN.	TERVAL BETWEEN ISET AND DEATH I dang				
	PART II. OTHER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO</u>					EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY Month, Day, Year Hour o. m. 19 19 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Factory, street, office bldg., etc.)											
	21. I certify that (I) (this haspital) attended the deceased fram & -2 1961, ta 3-21 1962, that (I) (we) lass saw the deceased alive an 3-21 1962, and that death accurred at 12M, fram the causes and an the date stated above 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 3-22-1962 22c. PHYSICIAN'S NAME (Type) Dr. U. G. Bourne, Jr. M.D. 30 West All Saints St. Frederick, Md.											
	23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 24 DATE THEREOF SIGNATURE ROBER E DAILEY & S	162 Mt. O	cemetery or creativet Cemerick, Mar	25a: REC'	Freder D BY REGISTRA AR 2 7 '62	R 25b. REGIS	or county) oryland strar's signati thun & th					

Prederiok Section 1 Productick Prederioic 50 years Prederioic 318 Hast Patriok Street 318 Hast Patriok Street dorate selsos Howard 55 22, Unknown 188h 77-78 Male White Berryulllo, Virginia B.S.A. Rothred Labourer Hone 97777 Figures Unimount - 214-10-1559 Mrs. Nettile Sarchesa 166 Bes O. Ave. Fred. Mt.

А.

Br. B. G. Bourne, Jr. M.D. 30 West All Saints St. Frederick, Ma.

Burial March 21, 192 No. Olivet Country Frederick, Naryland

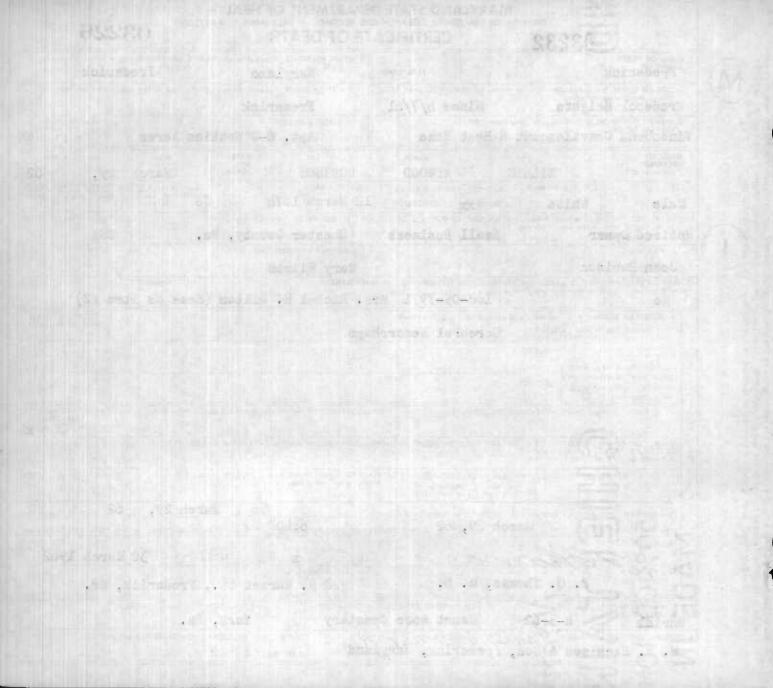
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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the tuneral directar,	shauld be filed with	
in by 1	and 2	
e attending physician and campletely tilled in by the tuneral directar.	ten please remave carban papers. Pages 1 and 2 shauld be filed with d in any event, within 72-bours after death.	

VR A1S (4) 15M 9/59

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Braddock Heights d. NAME OF HOSPITAL (If not in hospital, give street address) Vindobona Convalescent & Rest Home								
3. NAME OF DECEASED (Type or print)	First WILL I	Middle S ATWOOD						
s. sex Male	White	WIDOWED DIVORCE	D 12					
Retired Own	ng life, even if retired)	Small Busine						
John Robison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO								
(Yes, no. or unknown) N (If yes, give wor or dates of service) 188-05-7971 Mrs.								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-								
PART II. OTH	ER SIGNIFICANT CONDI							
3		20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE factory					
saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S	ed alive an Man	reh 29,1962, and	that deat					
230. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEM						
	RURAL and give net Braddock H. d. NAME OF HOSPITY OR INSTITUTION VINCODONA 3. NAME OF DECEASED (Type or print) S. SEX Male 10a. USUAL OCCUPATIO during most of worki Retired Own 13. FATHER'S NAME John Rebia 15. WAS DECEASED EVER (Yes, no. or unknown) Ne 18. CAUSE OF DEAN PART I. DEAT PART II. DEAT Conditions, if an gave rise to in cause (a), stating t lying cause last. PART III. OTHI 20a. ACCIDENT WAN OR CONTRIBUTING (IF EITHER, NOTIFY) 20a. TIME OF INJURY Haur a. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Bradlock Heights d. NAME OF HOSPITAL (If not in hospital, giv Vincobona Convalescent 3. NAME OF DECEASED (Type or print) S. SEX Male 10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Retired Owner 13. FATHER'S NAME John Robison 15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. of unknown) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING (C) PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING CAUSE OF DEATH Hour o. m. p. m. 19 21. I certify that (I) (this haspital) saw the deceased alive an Mail 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) B. O. Thoi	Braddock Heights J. NAME OF HOSPITAL (If not in hospital, give street address) Vindobona Convalescent & Rest Home 3. NAME OF HOSPITAL (If not in hospital, give street address) Vindobona Convalescent & Rest Home 3. NAME OF DECEASED (Type or print) S. SEX J. COLOR OR RACE WIDOWED NO DIVORCE WIDOWED NO NEWS DIVORCE WIDOWED NO NEWS MIDOWED NO DIVORCE WIDOWED NO NEWS MIDOWED NO NEWS MI					

PLACE OF DEATH			MARY	LAND	2. USUAL RESID	ence (Wh		d lived. If insti b. COUN	itutian: NTY F	Residence rede	e befor	re admiss	sian)
b. CITY OR TOWN (If RURAL and give ne Braddock H	autside carporate limi arest town) eights		ince 4/7/6		. / _	own (If o		orate limits, wri	te RUR	AL and gi	ive nec	rest taw	n)
d. NAME OF HOSPITA OR INSTITUTION VINCODONA C	AL (If not in hospital, gonvalescent	ive street add	st Home		d. STREET AL		-C Wa	tkins A	cre	8			SIDENCE A FARM? NO A
NAME OF First DECEASED (Type or print) WILLIS			Middle ATWOOD		ROBISO	N	4. DATE OF DEATH		Manth March		-		Year 19 62
S. SEX	6. COLOR OR RACE White	7. MARRIED			DATE OF BIRTH			9. AGE (In ye	ars IF	UNDER 1		IF UND Haurs	ER 24 HRS Min.
detired Own	ing life, even it refired		ND OF BUSINESS OF		Chest	er Co	unty,				JSA	WHAT	OUNTRY?
3. FATHER'S NAME					14. MOTHER'S								
John Robi 5. WAS DECEASED EVER		crea la co	CIAL SECURITY NO.	127 4416	Mary W	ilson			4.1.1				
	If yes, give wor or dates of so	ervice)	8-05-7971		. Rache	l R.	Dille		Address		m #	2)	
20g ACCIDENT WA	nmediate DUE TO the <u>under-</u> (c) ER SIGNIFICANT CON) DITIONS <u>CON</u>	NTRIBUTING TO DEA							I IN PART	1(a) 1	PERFO	AUTOPSY DRMED? NO [2]
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at wark													
saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	B. 0. The	omas, l	9.1962 , and	that de	ATTENDING PHYS. 22d. ADDRE 228 N	6:40P	M, fram ED. RECTOR ket St	STAFF PHYS. Fre	and der	an the 30 Ma	date	stated	abave. DATE SIGNED
Burial (Specify) Burial 4. FUNERAL DIRECTOR'S	4-3-62		Mount Rose			25a. REC'I		TION (City, tov		(AR'S SIG	NATUI	(Sta	le)
	hison & Sor	i, Fre	1, 2000000	iryla	ind	DATE 4		100		iver S.			



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Health, b. COUNTY director, Pag-Frederick Meryland MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 50 Frederick 10 yrs. Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained 31 S. Bentz Street 31 S. Bentz Street State YES NO K 3. NAME OF Middle 4. DATE DECEASED ROBERT (Typa or print) SCOTT DEATH Jr. March 29 affer 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours M WIDOWED DIVORCED Dec. 20-1919 YES. l and 72 h 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Gen. Utilities 36363636363636363636 Coasachie -New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Scott Sr. Julie Banks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas giva war or datas of servica) Vivian Lee-1324 Monroe St.N.W. Wash.D.C. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) rend (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION ER ORMED? 9 pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 death resulted from: Accident Suicide Homicide Undetermined manner Natural causes DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. THOMAS should NAME (Typa) Address (Streat, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Q40 Burial 3-31-62 Frederick-Co.Md. 0 Hopehill 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATAPR 3 arthur S. Trays 5M 7/59 Frederick. Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town should 60 years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Butterfly Lane Rt. # YES NOT NAME OF 4. DATE First Middle Last Month Day Year DECEASED DEATH 1962 (Type or print) David Clifton Smith March IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days White 1-25-1887 WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ret. Fred. Steel Co. employee Frederick Co., Maryland U.S.A. ond 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician .⊆ Sarah Lavinia Lee Fox William Henry Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 220-18-1721 attending No Mrs. Clara Peddicord Frederick. Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO JAM CHULL Y Tollemnens 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at wark ot wark 21. I certify that (1) (this haspital) attended the deceased fram. 19-6- that (1) (we) last 19 and that death accurred at AMM, from the causes and an the date stated above. saw the deceased alive an 220. SIGNATURE SIGNED ATTENDING DIRECTOR -M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 28 Fulton Ave. Walkersville, Maryland .James E. Stoner, Jr. M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Union Chapel Cemetery Frederick County Maryland 256. REGISTRAR'S STGNATURE DNERAL DIRECTOR'S SIGNATU ADDRESS 25g. REC'D BY REGISTRAR 7 '62 Cirthur S. France DATE MAR Frederick. Maryland

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		03236		CERTIF	ICAT	E OF DEATH			032	30	
	ACE OF DEATH COUNTY	ederick		MARYL		z. USUAL RESIDENCE (Who a. STATE Maryla		b. COUNTY	Residence bel		on)
		f outside carporate limi		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o			RAL and give n	earest tawn))
d.	NAME OF HOSPIT OR INSTITUTION ROL	At (If not in hospital, g	ive street (address)		d. STREET ADDRESS Route	# 5				IDENCE FARM? NO
DE	AME OF ECEASED ype ar print)	Fir Grac		Middle Smit	h	Last	4. DATE OF DEATH	March 11		-/	Year 19 62
	Female	White	WIDOWE	NEVER MARRIE	B.	July 24-1879		last birthday) 82 yrs.	Months Days	-	R 24 HRS Min.
	USUAL OCCUPATION during most of work Homemaker	sing life, even if retired	dane 10b.	None	r industi	Frederick (County		12.CITIZEN		OUNTRY
13. F/	Isaac L.	Crum				Sophia Lore		ahn			
		R IN U. S. ARMED FOR Ilf yes, give war ar dates of s		SOCIAL SECURITY NO.		I. Paul Sm	ith R	Addre	" Frederi	.ck. M	d.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mmediate the under-	1 5	Lerrosle	rote	that de	fact			TERVAL BET	
CATION) (c HER SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART 1(a)	PERFO	AUTOPSY RMED?
CERTIFI		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in	Part I ar Par	t II of item 1B.)			
MEDICAL	Poc. TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Nat while k at wark		E OF INJURY (Hame, farm rry, street, affice bldg., etc		ar tawn)	(Caunt	γ)	(State
					that de	ath accurred at D. ATTENDING M. DI PHYS.				te stated	
	22c. PHYSICIAN'S/ NAME (Type)	Dr. Rex R.	Mart	in	M.D.	22d. ADDRESS 220 North	Marke	et Street	Frederi	lck, l	id.

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

23d. LOCATION (City, tawn, ar caunty)

Frederick, Mary Lature

By REGISTRAR 25b. REGISTRAR'S SIGNATURE

Christian J. Pharma

250. REC'D BY REGISTRAR
DATE MAR 1 4 62 Frederick, Maryland DATE

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MARYLAND STATE DEPARTMENT OF HEALTH O3237 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2.	USUAL RESID	ENCE (Wh	ere deceased l	ved. If institut		before adm	ission)
	ederick		MARYLA	ND	o. STATE	arvla	nd	b. COUNTY		rick	
b. CITY OR TOWN (If RURAL and give ne	f outside corporate limits	s, write c.	LENGTH OF STAY IN	1b	c. CITY OR TO	OWN (If a	utside carporol	e limits, write l	RURAL ond gi	ve nearest to	wn)
144	Freed Freed	erick	2 WEEKS	X	Walk	rsvi	lle Fre	derick	Stree	ot	
d. NAME OF HOSPITA	AL (If not in haspital, gi	ve street oddr	ress)		d. STREET AD					e. IS R	ESIDENCE A FARM?
OK IIIOIIOII	Monocacy H	all Nu	raing Hora	-7	North	Mark	et Fred	erick h	id		NO K
3. NAME OF	Firs		Middle		Lost		4. DATE	Mo		Day	Year
(Type or print)	RALPH		SLEY S	STA	UFFE	R	OF DEATH	There	le	7	1962
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B. D.	ATE OF BIRTH		9.	AGE (In years last birthday)		YEAR IF UN	
M	VI	WIDOWED [DIVORCED [I M	av 20 .	- 188	3	78 yrs.	Manths	Doys Hour	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work d	one 10b. KINI	D OF BUSINESS OR I	NDUSTRY	11. BIRTHPLA	CE (Stote	or foreign cour	itry)	12. CITIZ	EN OF WHAT	COUNTRY
Farm	ing life, even if retired)	Own	farm		38 mg	vlan	e3		11	S. 4	
13. FATHER'S NAME	g-v.s	1 0 11 12	4 (41.11)	14	4. MOTHER'S					Dist	
OF O	RGL W.STAUF	TTT			01	Mad	33				
ال مشاعل 15. WAS DECEASED EVER			TAL SECURITY NO	17. INFOR		Nei Nei	alg	Add	Iress		
(Yes, no, or unknown)	If yes, give war or dates of se	rvice)									
No			220-03-59	80	Mrs, Co	a St	suff	Wall	carsvi.		(D)
	TH [Enter only ane cou	se per line fo	or (o), (b), and (c).]	,	,			4		ONSET AN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cere	ebral li	un	ourley	e, r	laur	wit		3 de	ye
115	DUE TO				0		Market,	n .		2non	ny
Conditions, if or	ly, which (b)	art	wirsele	whe	Land	in V	oscul	n Den	men	yea	i
gave rise to in				4	K 3134	18.59				0	
lying cause last.	he under-										
	ER SIGNIFICANT COND	OITIONS CON'	TRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEASE O	ONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY
PART II. OTH										PERI	FORMED?
	S LINIDERIVING T	20h DESCRIBI	E HOW INJURY OCC	IPPED /F	nter nature of	iniuey in F	Part Lar Part II	of item 18.1		1113	7 140 []
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCRIBI	E HOW INJURY OCC	OKKED. (E	nier nature at	mijory in e	an rai rair ii	or nem 15.,			
	Manth, Doy, Yea	1		e. PLACE	OF INJURY (H	ame, farm	, 20f. (City o	r town)	(Co	ounty)	(Stote)
Haur a.m.	19	While at work	Not while of work	raciory	, street, office	blag., etc.	1				
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	t (I) (this haspital)				7	19.	,			that (I)	
saw the deceas	ed alive an ha	area o	and th	at deat	h accurred	at_A	M, fram th	e causes ar	nd an the	_	
22d. SIGNATURE	1. 1000	Mar		M.D.	ATTENDING		ED.	STAFF PHYS.		Zun	22b. DATE SIGNED
22c. PHYSTCIAN'S					22d. ADDRES	is n		71	2 /		-
NAME (Type)	+. DETT	-BAA	RN		W	elle	ewell	u,	hid.		
23a. BURIAL, CREMATION	N, 23b. DATE THEREO	F 23	Bc. NAME OF CEMETE	RY OR CR	REMATORY		23d. LOCATIO	N (City, town,	or county)	(SI	ote)
REMOVAL (Specify)	3/10/196		NA 074-							900.9	
24. FUNERAL PRECTOR'S			ADDRESS			25a. PFC'I	D BY REGISTRA		ISTRAR'S SIG	NATURE	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH director. Page our files. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) writa RURAL and give naerast town) Rural Roddy Rd. North of Thurmont. Mir Min. Thurmont. Po Boar d. STREET ADDRESS A. IS RESIDENCE ON A FARM? retained he State B R.D. 2 YES NOT 3. NAME OF Fire Middla 4. DATE Month Yan DECEASED OF (Typa or print) DEATH Mch - 27 -- 1962 BERNARD STONER 19 SAMUEL s1, 2, and 3 to age 5 may be 1 and 2 with the 72 hours and 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last brindey) Months Hours DIVORCED July WIDOWED Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Fredk Co. U.S.A on Farms ve Pages PM3. Pa Laborer pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deal Stoner Howard Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas giva war or dates of servica) with Thurmont R.D.2 Md Lillian 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] Stoner y" in pencil in Its S Office along w a burial-transit p smoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3rd.Degree Burns. Entire Body Minutes. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata causa "pending" DUF TO (a), stating the undarlying Examiner' as used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 YES NO X Medical plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Tractor overturned. & Caught fire writing to Chief / Page 3 s to buria MEDICAL 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Year (Steta) the Page factory, streat, office bldg., elc.) al work Rural Thurmont.Fredk. Md et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | I. Inquiry and in my opinion Accident X death resulted from: Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER A should be ford of FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER O. Thomas Address (Street, city, town, or country Frederick Co. Md NAME (Typa) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Mch. 29. 1962 United Brethern Cem. Thurmont. Fredk. Co. g40 Raymond E 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Thurmont . Ma DATE MAR 2 9 '62 5M 7/59 Ostly & King

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03239

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RURAL and give n	ederick		l day	N 1b	c. CITY OR TOWN		orate limits, write derick R			wn)
OR INSTITUTION	TAL (If not in hospital, gooderick Mem				d. STREET ADDRES	SS			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Grace	st	Middle Baker	5	Lost Summers	4. DATE OF DEATH		23.	Day	Year 1962
5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED			ATE OF BIRTH 2-3-1882		9. AGE (In years last birthday) 79 yrs	Manths	1 YEAR IF UN Days Hau	
Homemaker 13. FATHER'S NAME	king life, even if retired)	d of Business or None		Lewistov	Mary DEN NAME	land		S.A.	TCOUNTRY
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or doles of s	ervice)	CIAL SECURITY NO.	17. INFO	Susan De		Ad	dress	t. # 5	Wi.
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate ()			reo thi		W 52		1(a) 19. WA	S AUTOPS
PART II. OTI	AS UNDERLYING CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY OC	CURRED. (inter nature of injur	y in Part I ar Pa	rt II af item 1B.)			FORMED?
	RY Manth, Day, Ye	While	RY OCCURRED 2 Nat while at wark		OF INJURY (Hame, , street, affice bldg.		y ar tawn)	(C	County)	(State
	or (I) (this haspital sed alive on the Comment of t	123	1962 and t		h occurred	MED. DIRECTOR	the causes a	3-23-	date state	ed above 22b, DATE SIGNE
23a. BURIAL, CREMATIC REMOVAL (Specify Burial 24. EUNIRAL DIBETTOR Robert E	3-26-1		3c. NAME OF CEMET	et Ce	metery	REC'D BY REGIS	TRAR 256. REC	or county) OISTRAR'S SIGNALING &.	NATURE	tate)

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Mr. Thomas S. Stone M.D. h Wast Third Street Frederick, Maryland

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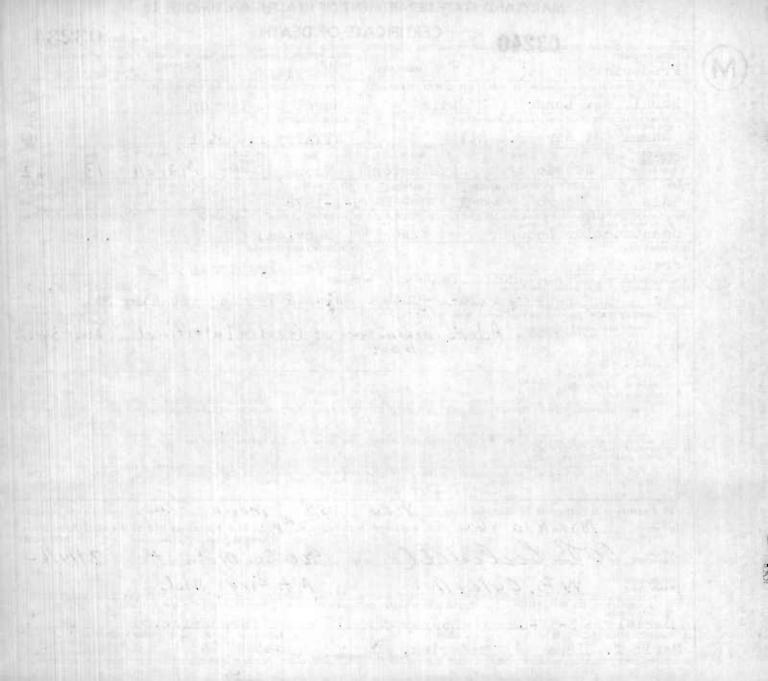
Eurich 1-06-1962 No. Olivet Comptag Producies, Janyland

TO HOSPITAL

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03240	CERTIFICA	ATE OF DEATH		Reg. Dist. 03234
1. PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	n: Residence before admission) Frederick
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RUPAL, New London	c. LENGTH OF STAY IN 1b		tside carporate limits, write RL	
d. NAME OF HOSPITAL (If not in hospital, give streen or institution nural Mt Airy P.O	et address) Rtl	d. STREET ADDRESS	0.0 nt 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jessie	Middle Washington	Lost Thomas	4. DATE Mont	1 10 1-
36 3	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-1-1878	9. AGE (In years lost birthday) 8.3 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Construction Laboror		STRY 11. BIRTHPLACE (Stole of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Frank Thomas		Jane Pr	ettyman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 216-14-6249	NFORMANT Jessie Tr	Addr.	"Frederick, Co
Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITION:	S <u>CONTRIBUTING TO DEATH</u> 8UT	NOT RELATED TO THE TERMIN	ial disease condition givi	EN IN PART 1(D) 19. WAS AUTOPS: PERFORMED? YES \(\text{NO} \(\text{NO} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Port II of item 18.)	
Haur a.m. Whi	L-	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State
21. I certify that I attended the deceralize an March 10, 19 ACTUAL SIGNATURE WB CLAP PHYSICIAN'S NAME (Type) WB, Cu	ased fram. You Go, and that death	M.D. 906 S. M. + 4	M, fram the causes and DDRESS (Street, city or town, on Main St.	3/14/62
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 3-17-62	Dorsey Che	r CREMATORY	22d. LOCATION (City, town, o	
23. FUNERAL DIRECTOR'S SIGNATURE Marie T. Hicks F	ADDRESS Prederick, Md			TRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1221

CERTIFICATE OF DEATH

03235

1. PLACE OF DEATH •. COUNTY Fred	erick	MARYLAND		rland b. COUN	institution: Residence TY Frederi	
b. CITY OR TOWN (i	foutsida corporeta limits, give neerest town)	c. LENGTH OF STAY IN 16 Years		(If outside corporeta limits, write derick	RURAL and give n	neerest town)
	AL OR INSTITUTION (if not in ho		d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
	Memorial Hospit			East Second St		YES NO X
3. NAME OF DECEASED (Type or print)	MABEL MABEL		THOMAS	4. DATE Month OF DEATH	arch 7,	19 62
5. SEX Female	6. COLOR OR RACE 7. MARRI WIDOW		L Sept 1902	9. AGE (In yeers last birthdey) 59 yrs.	Months Deys	IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATE done during most of wo House-WO:	rking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	West Virg	ginia	USA	F WHAT COUNTRY?
			14. MOTHER'S MAIDEN			
	• Goodnan ER IN U.S. ARMED FORCES? 16	COCIAL SECURITY NO. 1 17	Cora Smit	Address		
(Yes, no, or unkown) (Is	yes give wer or dates of service)					
No	EATH jEnter only one ceuse per		y L. Inomas	(Same as item		ERVAL BETWEEN
Conditions, if eny geva risa to immedi (a), stating the uncause last.	, which eta cause anderlying DUE TO (c)	ute coror				
E CHOI	SIGNIFICANT CONDITIONS CO	CHOLEDOCITO	LITHIASIS			PERFORMED? YES NO
	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Pert II of item 1B.)		
ZOc. TIME OF INJU Hour s.m. p.m.	19 While two	le Not While facto	CE OF INJURY (Homa, far ory, street, office bldg., et	c.)	(County)	(Stete)
21. I certify to	hat (1) (this hospital) attered alive on MARCH	nded the deceased from 19.6.2, and that	death occured Lf.	1962, to MARCH DSAM, from the causes	7, 1962, the and on the da	ate stated above
22a. SIGNATURE	m H Jeske	M.	D. 40-1	MED. STAFF DIRECTOR PHYS.	8 Marc	ch 1962
22c. PHYSICIAN'S NAME (Type)	John H. Teske,	M. D.	4 W. Pati	rick St., Frede	erick, Md	•
23a. BURIAL, CREMATI REMOVAL (Specify) Burial	ON, 23b. DATE THEREOF 3-10-62	Mount Olivet		Frederick, M		(Stata)
24 FUNERAL DIRECTOR M. R. Etc.	's signature Hank A	ederick, Maryla	nd 25e. RE		GISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03236

2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. STATE Maryland Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Centerville (nural)
d. STREET ADDRESS I jamsville P.O.Rt 2 o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\lambda \)
Last 4. DATE Month Day Yeer
Thompson DEATH March 16 1962
B. DATE OF BIRTH 8-11-1906 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Frederick Co Md U.S.A
14. MOTHER'S MAIDEN NAME
Ora Smith
Mrs Ruth Williams 160 W. Saints St
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO [
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) clory, street, office bidg., etc.)
at death occured at M.M. from the causes and on the date stated above
ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
810 Toll House Ave, Frederick, Md
OR CREMATORY 23d. LOCATION (City, lown or county) (State)
er Frederick, Co Md
T E L

10 2 3 2 3 alol long A.L.E. Des 1.5 Mel-work with a collection of the colle Cherry Control any and show you day a some -wolest-1 1 8 / 3 8 / 4 Wellen | males ATTENDED TO THE TOTAL OF THE TO bir natyanery as Zil. Elsin . 8.0

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03237

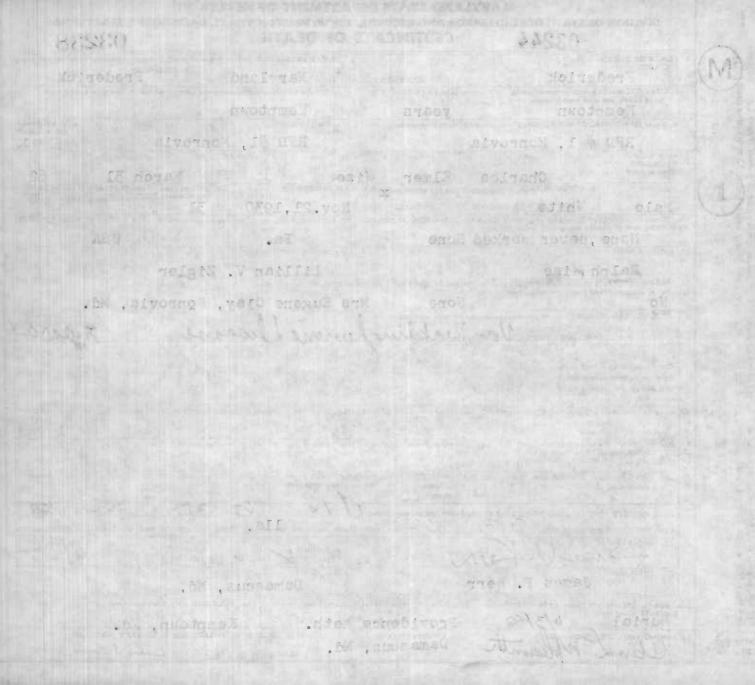
CERTIFICATE OF DEATH 03243

a. COUNTY Free	H derick	MARYLAND	CTATE	yland	1 mminimum	derick
	(if outside corporete limited give nearest town)	c. LENGTH OF STAY IN 1b	_	(If outside corporate derick	limits, write RURAL and	give nearast town)
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	S		IS RESIDENCE ON A FARM?
Frederick	Memorial !	Hospital	525	North Be	ntz Street	YES NO X
3. NAME OF DECEASED (Type or print)	First ANN I		WENTZEL	4. DATE OF DEATH	March	13, 19 62
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		GE (In years IF UNDER 1)	
Female	White	WIDOWED DIVORCED	19 April 19	00 6	birthdey) Months D	leys Hours Min.
	TION (Give kind of work orking life, even if retire OPK		Marylan		gn country) 12, CITIZ	ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME		
William	A. J. Peom	roy	Lula V.	Jenkins		
	VER IN U.S. ARMED FOI	tervice)			Address	
No	(11) 700 31 70 1101 01 01 01 01 01	None Mr	s. Dorothy J	. Wentzel	(Same as it	cem #2)
	DEATH [Enter only one TH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	a cause per line for (e), (b), end (c).]	whi ll	east D	nian	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if an geve rise to Immac (a), steting the cause lest.	dieta cause	anythis	Ment	+ Faul	line	3 muity
20a. ACCIDENT W	R SIGNIFICANT CONDI VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BUT N D L 20b. DESCRIBE HOW INJURY OCCURE	ites la a	let.	yeun	1(m) 19. WAS AUTOPSY PERFORMED? YES X NO •
ZOc. TIME OF INJ. Hour a.m. p.m.	URY Month, Day, Ye		ACE OF INJURY (Home, fe ctory, streat, office bldg., at	itc.)		ty) (State)
21. I certify	that (I) (this hospi	ital) attended the deceased from arch 13, 1962, and the	June 1, at death occured 6.	1950, to M 50AM, from th		
22a. SIGNATURE	Thum	E Stime	M.D. ATTENDING PHYS.		STAFF 13	March 1902
22c. PHYSICIAN'S		Stone, M. D.	4 W. 3rd	St., Fre	derick, Md.	
23a. SURIAL, CREMATE (Specify	3-16-6				Ck, Marylane	
24 FUNERAL DIRECTO	chison & so	n; Fredericky Maryl	and DATE		25b. REGISTRAR'S S	

HINNE AS THE SHOWEN THE FIRST OF THE PARTY O , , , , , , , , , , , , , , 68 amadical and a second Late V. Venicins dute I, and the second is a second bredgraff (se 'nabestell a grassessa deville grasses) as So-61-6. W In I. House, on a land, free rick, famelund

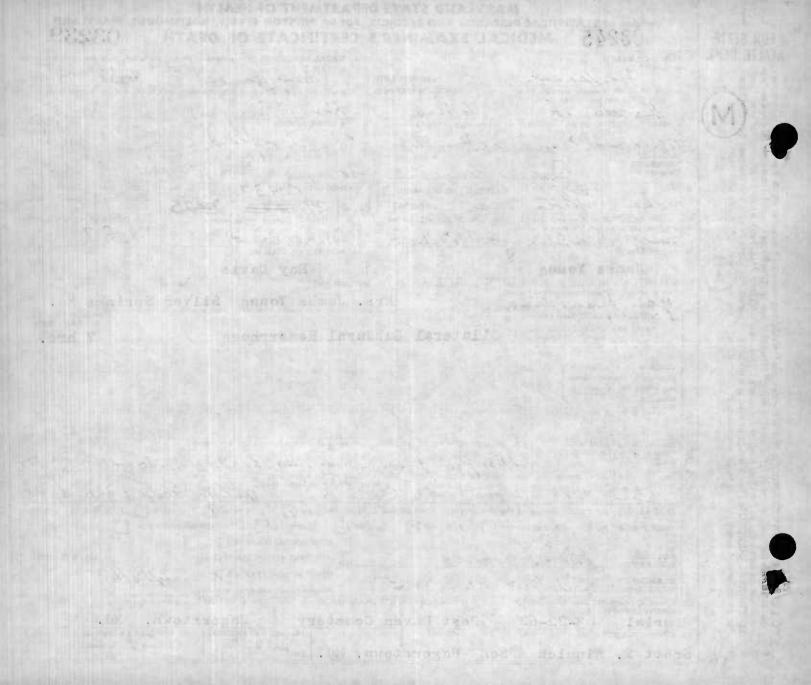
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	OF DEATH	RYLAND 238
	* COUNTY Frederick MARYLAND	e. STATE Maryland b. COUNTY Fred	erick
	b. CITY OR TOWN (if outside corporete limits, write RURAL and giva nearest town) Kemptown years	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Kemptown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) RFD # 1, Monrovia	d. STREET ADDRESS RFD #1, Monrovia	IS RESIDENC ON A FARM YES NO N
3	3. NAME OF First Middle DECEASED (Type or print) Charles Elmer Wis	OF	19 62
1	Male White WIDOWED DIVORCED 1	Nov.21,1930 9. AGE (In years last birthdey) 31 yrs. FUNDER 1 YE	ys Hours Min.
	None, never worked None	Pa. US	N OF WHAT COUNTR
	Ralph Wise	Lillian V. Zigler	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyasgive werordetes of service) None Mrs	os Eugene Clay, Monrovia, M	ld.
	Conditions, if eny, which gave rise to immediate cause (a), steting the underlying cause lest.	wind Issail	ONSET AND DEATH
O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 200. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(19. WAS AUTOPS) PERFORMED? YES NO
	ZOC. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, farm, 20f. (City or town) (County, streat, office bldg., etc.)) (Steta)
	21. I certify that (I) (this hospital) attended the deceased from	eath occured allam, from the causes and on the	
	228. SIGNATURE . KIN M.D.	ATTENDING MED. PHYS. DIRECTOR PHYS. D	4/2 SIGNI
	22c. PHYSICIAN'S NAME (Type) James P. Kerr	Damascus, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) 4/3/62 Providence 1	Meth. Kemptown, Md.	(State)
37	Clin L. Molisunth Damascus, 1	Md. DATE APR 4 162 Cultury S.	thank

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY Page files. Health, where. b. COUNTY MARYLAND 2000 b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporete limits, write RURAL end give neerest town write RURAL end give neerest town) d. STREET ADDRESS e. IS RESIDENCE INSTITUTION (if not in hospitel, give street address) ON A FARM? peuiel YES NO V 3. NAME OF DECEASED DEATH (Type or print) 19 VATE OF BIRTH 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1, Jang- MQ. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Young May Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs. James Young Silver Springs Md. W. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral Subdural Hemorrhage IMMEDIATE CAUSE (e) hrs. Office DUE TO burial moval, Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO P 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. him a war, ruan heado buri CAL 20c. TIME OF INJURY 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or town) 986 Not While fectory, street, office bldg., etc.) et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y Inquiry and in my opinion forwarded Accident 7 death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL designat DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 3-22-62 Rest Haven Cemetery Hagerstown, Md. 40 6 Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS MAR 2 2 '62 VS. A15ME Circhard S. Thous Scott F. Minnich & Son Hagerstown, Md. DATE 5M 7/59

AND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL

MARYLAND	STATE	DEPARTMENT	OF	HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	3645					7640
. PLACE OF DEATH				NCE (Where decessed lived, I		dence before admission)
	erick	MARYLAN	e. STATE Mar	yland b. cou	Frede	rick
b. CITY OR TOWN (f outside corporete limits,	c. LENGTH OF STAY IN		(If outside corporete fimits, wr	ite RURAL end g	ive neerest town)
	Rural RD#4	Years	X Fre	derick-Rural R	D#),	
		t in hospital, give street address)	d. STREET ADDRES		- // -	e. IS RESIDENCE
Cap Stine			Can	Stine Road		ON A FARM?
NAME OF	First	Middle	Last	4. DATE Mon	th r	YES NO
DECEASED (Type or print)	HARVEY	LEE	ZIMMERMAN	OF	March 19	
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		
Male	White w	DIVORCED	21 Dec 1875	lest birthday) 86 yrs.	Months Dey	ys Hours Min.
Oo. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Co	ounty & State, or foreign country) 12. CITIZEI	N OF WHAT COUNTRY
Farmer	king life, even if felled)	Farm Owner	Near Feag	aville, Md.	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDE			
William N	. Zimmerman		Mary Elle	n Willard		
	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.		Addre	\$5	
Yes, no, or unkown) (I	fyesgive wer or detes of sarvic	(e)				
No		· ·	ohn W. Zimmer	man (Same as:	TOOK WIT	INTERVAL BETWEEN
PART I. DEAT	ALLE CALIFFE BY	se per line for (a), (b), and (c).] Coronary Occlusi	.on			Minutes
Conditions, if eny geve rise to immedi	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Which ote ceuse nderlying DUE TO					Minutes
Conditions, if eny geve rise to immedi (e), steting the u ceuse lest,	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO OUE TO (c) R SIGNIFICANT CONDITION	Goronary Occlusi	IT NOT RELATED TO THE TERA		IVEN IN PART 1(d	onset and death Minutes 5 YrsPlu
PART II. DEATI Conditions, if eny geve rise to immedi (e), steting the u ceuse lest. PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU-Hour e.m.	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) R SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year	coronary Occlusion Terrior Clerosis Contributing to Death BL b. DESCRIBE HOW INJURY OCCURRED 200 While Not While 200	IT NOT RELATED TO THE TERA	in Pert I or Pert II of item 18.)	IVEN IN PART 1(d	5 YrsPlu 19. WAS AUTOPSY PERFORMED? YES NO
PART I. DEAT Conditions, if eny geve rise to immedi (e), steting the u ceuse lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour e.m. p.m. 21. I certify the contribution of the	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) R SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year 19 hat (I) (this hospital)	Coronary Occlusion Technology of the Contributing to Death BL. b. DESCRIBE HOW INJURY OCC. 20d. INJURY OCCURRED 208	URED. (Enter neture of injury in the property of the property	erm, 20f. (City or town)	(County	ONSET AND CEATH Minutes 5 Yrs.—Plu 19. WAS AUTOPSY PERFORMED? YES NO (Stete) 7 that (1) (we) last date stated above
PART I. DEAT Conditions, if eny geve rise to immedi (e), steting the u ceuse lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour e.m. p.m. 21. I certify the contribution of the	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) R SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year 19 hat (I) (this hospital)	Coronary Occlusion Terrior Clerosis Contributing to Death BL b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20d. INJURY OCCURRED 20d. While of work 20d. While of work 20d. attended the deceased from the contribution of the contrib	URED. (Enter neture of injury in the property of the property	erm, 20f. (City or town)	(County	onset and ceath Minutes 5 Yrs.—Plu 19. Was autopsy Performed? YES NO 19. (Stete) 7, that (1) (we) late date stated above 22b. DATE
PART I. DEATI Conditions, if eny geve rise to immedia (e), steting the u couse lest, PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20e. TIME OF INJU- Hour e.m. p.m. 21. I certify the saw the decease	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO CONTROLLING CONTROLLING CAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) DUE TO DUE TO DUE TO DUE TO DUE TO CAUSE OF DEATH MEDICAL EXAMINER) DUE TO CAUSE OF DEATH MEDICAL EXAMINER) DUE TO DUE	Coronary Occlusion Terriosclerosis Arteriosclerosis As CONTRIBUTING TO DEATH BUT	URED. (Enter neture of injury in the term of the term	erm, 20f. (City or town) etc.) , 19, to March 130AM, from the causes	(County	onset and oeath Minutes 5 Yrs.—Plu 19. WAS AUTOPSY PERFORMED? YES NO X 2, that (1) (we) laded above the date stated above the date of t
PART II. DEATI Conditions, if eny geve rise to immedia (e), steting the u ceuse lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20e. TIME OF INJUIT Hour e.m. p.m. 21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO CONTROLLING CONTROLLING CAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) DUE TO (c) CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year 19 hat (I) (this hospital) sed alive on	Theriosclerosis As CONTRIBUTING TO DEATH BU b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work attended the deceased from the	URED. (Enter neture of injury in the term of injury injury in the term of injury injury in the term of injury inju	erm, 20f. (City or town) stc.) 30AM, from the causes MED. STAFF DIRECTOR PHYS.	(County) 19.25 s and on the 20 derick,	ONSET AND CEATH Minutes 5 Yrs.—Plu 19. WAS AUTOPSY PERFORMED? YES NO 2. That (I) (we) la: date stated above 22b. DATE March 1902
PART II. DEATI Conditions, if eny geve rise to immedia (e), steting the u ceuse lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20e. TIME OF INJUIT Hour e.m. p.m. 21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Which oto couse Inderlying R SIGNIFICANT CONDITION AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year 19 hat (I) (this hospital) sed alive on B. O. Thomas ON, 23b. DATE THEREOF	Theriosclerosis As CONTRIBUTING TO DEATH BU b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work attended the deceased from the	URED. (Enter neture of injury in the term of injury i	erm, 20f. (City or town) 19, to March 30AM, from the causes MED. STAFF DIRECTOR PHYS.	(County) (County) (County)	onset and oeath Minutes 5 Yrs.—Plu 19. WAS AUTOPSY PERFORMED? YES NO MATCH 1902 A that (I) (we) lated date stated above 22b. DATE March 1902 Md. (Stete)

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M. H. Medifed & Son, Fregorick, Laryland